

Close Fraud Hotline Input (FHI) Record

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines how to close a Fraud Hotline Input (FHI) record when the analyst determines that no treatment is warranted.	
Relates to	This SOP relates to <i>Tip-Off Triaging Action 28 – Recommendation to Close – No Further Action (NFA)</i>	
Step	Action	
1	<p>Not all tip-offs, or each concern within a tip-off, proceed through to creation of a case. The Fraud Hotline (FHL) Input record will need to be closed when the tip-off has been assessed by Preliminary Analysis Section and a decision has been made to:</p> <ul style="list-style-type: none"> Close without action by the Department of Health's Provider Benefits Integrity Division (PBID) as per SOP 28.1 – go directly to Step 3, or Add the tip-off concern to an existing case in the s47E(d) [REDACTED] for the same subject of the tip-off as per SOPs 2.4, 7.1, 7.2, 7.3, 8.1, 8.2 and 9.1 – go to Step 2. 	
2	<p>You must follow the procedures set out in:</p> <ul style="list-style-type: none"> s47E(d) QRG 3.3 – Search for existing entity Case Records, then s47E(d) QRG 3.4 – Add information to existing Case Record. 	This will ensure all information received relating to the same subject of an existing case is attached to the s47E(d) [REDACTED].

Close Fraud Hotline Input (FHI) Record

3	<p>Close the Fraud Hotline (FHL) Input record as s47E(d) QRG 3.7 – Close FHL Input Record.</p> <p>Ensure that all the relevant information is included in the FHL Input record, including the reason for the close – NFA decision.</p>	s22
OUTCOME		
Information	The Fraud Hotline Input record in s47E(d) has been closed with no treatment recommended.	

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Reasons a case will be closed and No Further Action taken

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the reasons when a decision will be made to close the tip-off concern with No Further Action (NFA)	
Relates to	This SOP relates to <i>Tip-Off Triaging Action 28 – Recommendation to Close – No Further Action (NFA)</i>	
Step	Action	
1	<p>Not all tip-offs, or each concern within a tip-off, proceed through to creation of a case. The reasons for tip-offs or concerns being closed without action by the Department of Health's Provider Benefits Integrity Division (PBID) include the following:</p> <ul style="list-style-type: none"> • The allegation is not a compliance concern – Step 1.1 • Another jurisdiction is more appropriate for managing the identified concern – Step 1.2 • The subject of the tip-off is unable to be identified – Step 1.3 • The informant's concerns are general in nature and cannot be dealt with by PBID but may be addressed at the policy level – Step 1.4 • The allegation is unable to be supported or corroborated by claiming data or other independent information – Step 1.5 • There is insufficient information to be able to identify the compliance risk – Step 1.6 	
1.1	The concern raised by the informant is not a compliance concern – see SOP 4.1	s47E(d)

Reasons a case will be closed and No Further Action taken

		<p>s47E(d)</p> <p>s47E(d)</p> <p><u>Rationale</u> The supply from the dentist's practice was non-PBS, and so the dentist is at liberty to charge whatever they want. There is no compliance concern.</p>
1.2	<p>In some instances, tip-offs raise issues of potential non-compliance which fall under the auspices of another jurisdiction.</p> <p>These can include occasions where tip-offs raise issues of potential public harm/safety or issues.</p>	<p>Department of Health – other Divisions – see SOP 6.1</p> <p>Department of Human Services – see SOP 6.2</p> <p>Department of Veterans' Affairs (DVA) – see SOP 6.3</p> <p>Australian Health Practitioner Regulation Agency (AHPRA) – see SOP 6.4</p>

Reasons a case will be closed and No Further Action taken

The concern lies outside the jurisdiction of PBID but within the jurisdiction of another regulator – see SOPs 5.1 and 5.2.

State regulatory jurisdictions – see SOP 6.5

- ACT Human Rights Commission Australian Capital Territory
- Health and Community Services Complaints Commission (NT)
- Health and Community Services Complaints Commissioner (HCSCC) South Australia
- Health and Disability Services Complaints Office (WA)
- Health Complaints Commissioner Tasmania
- Health Complaints Commissioner (Victoria)
- Office of the Health Ombudsman (Queensland)
- The Health Care Complaints Commission (NSW)

State jurisdictions relevant to pharmacy – see SOP 6.6

- Pharmacy Council of New South Wales
- Pharmacy Ownership and Premises (ACT)
- Pharmacy Premises Committee (NT)
- Pharmacy Registration Board of Western Australia
- Pharmacy Regulation Authority SA
- Queensland Health – Industry licensing and regulation
- Tasmanian Pharmacy Authority
- Victorian Pharmacy Authority

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Reasons a case will be closed and No Further Action taken

		National Security Hotline – see SOP 6.7
		Police – see SOP 6.8
1.3	<p>For a tip-off allegation to proceed to treatment, the subject of the tip-offs must be identified.</p> <p>However, there may be occasions where the issue raised in the tip-off is such that, while no case is progressed to treatment, the issue itself may be escalated internally.</p> <p>The informant is unable to identify the subject of the allegation even when prompted – see SOPs 2.2, 3.1 and 3.2.</p>	<p><u>MBS Example</u></p> <p>An anonymous health professional used the tip-off web-form to claim: s47E(d)</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p><u>Rationale</u></p> <p>With no specific providers-of-concern named, and no way to get in touch with the informant, no auditable targets could be identified for further investigation.</p> <p><u>PBS Example</u></p> <p>s47E(d)</p> <p>[REDACTED]</p>

Reasons a case will be closed and No Further Action taken

		<p>s47E(d)</p> <p><u>Rationale</u></p> <p>The Department of Health has no jurisdiction over the operation of unapproved pharmacies. Any compliance concern relates to an associated approved pharmacy (if there is one) incorrectly claiming for supply of PBS medicines from the unapproved premises. In this tip-off, no associated approved pharmacy could be identified and the analyst was unable to identify any potential associated approved pharmacy. This tip-off was closed NFA for because no entity-of-interest could be identified.</p>
1.4	The informant's concerns are general in nature and cannot be dealt with by PBID but may be addressed at the policy level – see SOP 3.2.	<p>s47E(d)</p>

Reasons a case will be closed and No Further Action taken

		<p>s47E(d)</p> 
1.5	<p>The informant's allegations are not supported by claiming data or other independent information – see SOP 11.1.</p>	<p>s47E(d)</p> 

Reasons a case will be closed and No Further Action taken

		s47E(d)
1.6	The informant's information does not clearly indicate why the reported activity is non-compliant – see SOP 2.3.	s47E(d)

Reasons a case will be closed and No Further Action taken

		s47E(d)
2	Confirm with the Pharmacist Subject Matter Expert (SME) or team leader/supervisor that the case is suitable for Close – NFA.	<p>This includes that all required actions have been taken to:</p> <ul style="list-style-type: none">• Confirm the allegation is not a compliance concern, or• Refer the concern to another jurisdiction where another regulator may be more appropriate for managing the identified concern, or• Ensure all steps have been taken to identify the subject of the tip-off, including contacting the informant where known, or• Ensure the issue has been escalated appropriately to the policy area, or• Ensure all steps have been taken to confirm that the concern is unable to be substantiated or corroborated by claiming data or other independent information, or• Confirm all possible steps have been taken to ensure that, on the basis of all available information, there is insufficient information to be able to identify the compliance risk.

Reasons a case will be closed and No Further Action taken

3	<p>File a copy of the email in the relevant TRIM Digital File.</p> <p>In addition to the name and reference number of the provider/approved supplier, you must include the Fraud Hotline Input (FHI) record reference number in the title of documents filed in TRIM.</p>	<p>The relevant TRIM Digital File will be dependent on whether there is an individual TRIM Digital File for the subject of the tip-off.</p> <ul style="list-style-type: none"> • Where there is an existing individual TRIM Digital File for the subject of the tip-off, the email will be filed here. • Where there is no TRIM Digital File for the subject of the tip-off and a concern has been identified for treatment by PBID, a new TRIM Digital File will be set up for the subject of the concern and the email will be filed here. • Where there is no TRIM Digital File for the subject of the tip-off, and no other concern has been identified for treatment by PBID, the email will be filed in s47E(d) - NFA Tip Off Documents and E-mails.
4	<p>If not already done, check s47E(d) for any open cases for the subject of the tip-off – see SOPs 7.2, 7.3 and 9.1.</p>	<p>Where there is an open case s47E(d) for the subject of the tip-off:</p> <ul style="list-style-type: none"> • Contact the case officer to advise that a tip-off has been received and any decision or action taken, including that referral has been made to another jurisdiction. • Add a Case Note to the open cases s47E(d) noting the Tip-off and closure of the tip-off – see QRG 3.5.

Reasons a case will be closed and No Further Action taken

5	Record the details of the tip-off s47E(d) – see SOPs 10.3 and 10.4.	<ul style="list-style-type: none"> • Create the Fraud Hotline Input (FHI) – see QRG 3.1. • Record available details from the tip-off, and • Close – NFA, noting the justification, which can be: <ul style="list-style-type: none"> ○ Allegation not substantiated ○ Insufficient information to identify risk ○ No benefit paid ○ Not a compliance concern ○ Referred to other jurisdiction – specify jurisdiction ○ Subject of the tip-off cannot be identified
6	Record FHI details and file tip-off email.	Add the FHI identification to the Email subject line, save and place the email into the TRIM Digital File, s47E(d) – NFA Tip Off Documents and E-mails.
OUTCOME		
Information	A record has been made to record the decision and justification for closing the tip-off (concern) with No Further Action (NFA).	

Concern assessment – Refer to Investigations Section

INTRODUCTION

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures you must follow in order to refer a compliance concern to Investigations Section.	
Relates to	This SOP relates to <i>Tip-Off Triage Action 14 - Investigation</i>	
Step	Action	
1	<p>Once a tip-off concern has been analysed and the concern has been identified, any tip-off where any one of the following concerns is identified will be referred to Investigations Section for treatment:</p> <ul style="list-style-type: none"> • Non-provision of Medicare services, • Provider or practice staff fraud, or • Non-supply of PBS medicine/s. 	<p>*Note: If during analysis additional concerns suggestive of inappropriate practice have been identified, do not seek advice from Health Practitioner Section at this time, but add a case note after case creation as per the following:</p> <ul style="list-style-type: none"> • The s47E(d) Report has indicators of potential inappropriate practice – see TRIM Reference # (where the TRIM reference is for the s47E(d) Report) <p>The Investigations Section will triage and action the tip-off as per their protocols, and may subsequently refer to other sections as appropriate.</p>

Concern assessment – Refer to Investigations Section

2

Tip-offs made by a pharmacist wanting to remain anonymous

While valuable intelligence has been provided by pharmacists, where they choose to remain anonymous and/or redact information in the interests of privacy, the value of the intelligence is not as high as it would otherwise have been.

It has therefore been agreed that if a tip-off has been made by a pharmacist wanting to remain anonymous, the pharmacist will be offered the opportunity to discuss their concerns with a compliance pharmacist. This will be the Preliminary Analysis Section (PAS) Pharmaceutical Benefits Scheme (PBS) Subject Matter Expert (SME) in the first instance.

The pharmacist will be able to remain anonymous but provide a contact number on the understanding that only a compliance pharmacist will contact them.

Such records, whether as web-forms, of FHIs, will be headed with 'ANONYMOUS PHARMACIST - REQUESTING CONTACT from a COMPLIANCE PHARMACIST' at the start of the information provided section of the report.

PAS PBS SME Input

- Any such tip-offs should be brought to the attention of the PBS Subject Matter Expert (SME) as soon as is practicable.
- If the PBS SME is absent for more than several days, arrangements* will be made for a compliance pharmacist from Investigations Section to be advised.
- The PBS SME will make the initial call and complete a File Note to be attached to the case.
- If in the judgement of the PBS SME contact needs to be facilitated with Investigations Section immediately, the PBS SME will arrange follow up contact with Investigations Section as a priority.

*** These arrangements include:**

- Contacting Investigations Pharmacists s22 in the first instance to advise of the PBS SME absence.
- Investigations Section will provide a roster of Investigations Pharmacists to cover the period of absence.
- The roster will be advised to PAS analysts via an email to the provider.benefits.integrity@health.gov.au email box, and agenda item at the PAS Assessment Team Meeting.
- The roster will be filed in PAS – Tip Offs – Procedures and Protocols s22.

Concern assessment – Refer to Investigations Section

3	<p>Once the decision to refer to Investigations Sections has been made, a case can be created and the concern referred.</p> <p>If the tip-off relates to Non-supply of the claimed PBS medicines (see SOP 13.2), then Investigations Pharmacist s22 should be advised via email once the case has been referred.</p> <ul style="list-style-type: none"> Email s47E(d) and copy in s22 – include 'Case referred for non-supply of PBS medicines – approval PAN' in the title of the email. 	<ul style="list-style-type: none"> Refers s47E(d) <i>Quick Reference Guide 3.6 – Create Case Records – tip off</i> and SOP 12.1 – Create Case for details on how to create a case. Ensure field "Recommended Treatment Type" is selected as <i>Investigations</i>.
4	<p>Once the case for the compliance concern has been created, a case note will need to be added explaining the reason for the referral.</p> <p>*Note: Add an additional case note for any other potential concerns identified, including potential indicators of inappropriate practice.</p>	<ul style="list-style-type: none"> Refer s47E(d) <i>Quick Reference Guide 3.5 – Record case note</i> for details on adding a case note to the case. The case note should include the reason for the referral, for example: <i>Referred to Investigations Team for treatment of non-provision of MBS items 721 and 723</i> as well as any other analysis relating to the decision.
OUTCOME		
Information	The compliance concern has now been referred to the Investigations Section for treatment.	

Concern assessment – Principles for referral to Investigations Section

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures you must follow in order to make a decision to refer a compliance concern to Investigations Section.
Relates to	This SOP relates to <i>Tip-Off Triaging Action 14 - Investigation</i>
Summary	<p>This SOP provides guidance for analysts in order to determine if the tip-off allegation is non-provision which warrants referral to Investigations Section or is more appropriately treated by another Operations Team or another jurisdiction.</p> <p><u>The following allegations will be referred to Investigations Section:</u></p> <ul style="list-style-type: none">• Billing for services where there was no interaction between the practitioner, or their staff, and the patient, or their immediate family, on the date of the billed service.• Claiming for supply of PBS medicines where either nothing was supplied or where something other than the claimed PBS medicine was supplied.• Fraud by provider/practice staff include billing for services not provided, double billing and re-directing payments to their own bank accounts. <p>s47E(d)</p>

Concern assessment – Principles for referral to Investigations Section

Step	Action
1	Once a tip-off concern has been analysed, a decision can be made as to whether or not the compliance concern is suitable for treatment by the Investigations Section.
2	<p>All tip-offs alleging non-provision or non-supply will be referred to Investigations Section for analysis, including where Payee Code 9 has been used – for exceptions, see Step 4.</p> <p>The Investigations Section will accept compliance concerns relating to:</p> <ul style="list-style-type: none"> • Non-provision of Medicare services, • Non-supply of PBS medicines, and • Provider or practice staff fraud. <ul style="list-style-type: none"> • For indicators of non-provision of Medicare services see Tip-Off Triaging - SOP 13.1 - Concern Assessment - Non-provision of billed services - v1.1 Draft • For indicators of non-supply of PBS medicines see Tip-Off Triaging - SOP 13.2 - Concern Assessment - Non-supply of the claimed PBS medicine - v1.1 Draft • For indicators of provider/practice staff fraud or public fraud see Tip-Off Triaging - SOP 13.3 - Concern Assessment - Provider or Practice Staff Fraud or Public Fraud - v1.1 Draft
3	<p>Even in circumstances where a tip-off identifies additional concerns beyond the concerns relevant to Investigations Section, these additional concerns will be included in the concerns associated with the tip-off case created for referral to Investigations Section but only ONE CASE will be created.</p> <p>*Note: Add an additional case note for any other potential concerns identified, including potential indicators of inappropriate practice.</p> <p>**Note: If during analysis additional concerns suggestive of inappropriate practice have been identified, do not seek advice from Health Practitioner Section at this time, but add a case note after case creation as per the following:</p>

Concern assessment – Principles for referral to Investigations Section

	Investigations Section will triage and action the tip-off as per their protocols, and may subsequently refer to other sections as appropriate.	<ul style="list-style-type: none"> The MBS & PBS Billing Summary has indicators of potential inappropriate practice – see TRIM Reference # (where the TRIM reference is for the MBS & PBS Billing Summary)
4	<p>In the following circumstances, close the tip-off No Further Action (NFA) without referral to Investigations Section:</p> <ul style="list-style-type: none"> No benefit has been paid for the alleged service or supply – see Tip-Off Triage - SOP 10.2 - Concern Assessment - Obtain supporting data - v1.0. There is insufficient information to identify the service or supply in question – see Tip-Off Triage - SOP 28.1 - Recommendation to Close – No Further Action (NFA) - List reasons for NFA decision - v1.3. It is a public fraud concern – see Tip-Off Triage - SOP 5.2 - Appropriate jurisdiction - where another regulatory body may be more appropriate - v1.0. 	<p><u>Clarification of Exceptions</u></p> <p>However, all allegations relating to potential public fraud where the person of interest is or was practice staff should always be referred to Investigations Section, even when no benefit has been paid.</p>
5	Where the information available does not allow for the analyst to make a determination as to whether or not the concern is likely to be non-provision, the analyst should consult with their Team Leader.	Where the Team Leader has reservations as to the most appropriate treatment option, seek advice from Investigations Business Management.

Concern assessment – Principles for referral to Investigations Section

		<ul style="list-style-type: none"> Email s47E(d) [REDACTED] and cc s47E(d) [REDACTED] with details of the compliance concern and request advice as to whether the Investigation Section would accept the concern for treatment. Please add the Provider Services Report – Date of Service for 12 months or 24 months of data (whichever time frame includes the service of interest) from s47E(d) [REDACTED] to the email
6	<p>Where the case is to be referred to Investigations Section for treatment and there are doubts as to whether the subject of the case be in the practice name or that of individual practitioners, confirm with Investigations Section as to what they require.</p> <p>This will be on a case by case basis. It may be that the case will be in the name of the practice in some instances, and in other instances, individual cases for one or all practitioners in the practice may need to be created. However, the decision – which should be filed in the relevant TRIM eFile – will be made by Investigations Section.</p>	<ul style="list-style-type: none"> Email s47E(d) [REDACTED] and cc s47E(d) [REDACTED] with details of the compliance concern and request advice as to under what name the Investigation Section would like the case/s created.

OUTCOME

Concern assessment – Principles for referral to Investigations Section

Information

The compliance concern has been deemed suitable for treatment by the Investigations team. See [Tip-Off Triaging - SOP 14.2 - Refer to Investigations Section - v2.0](#) for how to refer to the Investigations Section.

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Concern assessment – Corroborate Compliance Concern

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures you must follow in order to corroborate the compliance concern from the tip-off.	
Relates to	This SOP relates to <i>Tip-Off Triaging Action 11 – Concern validated</i>	
Step	Action	
1	<p>Before a tip-off becomes a case for treatment, analysis is undertaken to determine if the concern can be validated.</p> <p>See SOP 10.2 – Obtain Supporting Data for procedures on how to obtain data to corroborate the compliance concern.</p> <p>If the data corroborates the compliance concern, proceed to Step 2.</p> <p>If the data does not corroborate the compliance concern, proceed to Step 3.</p>	
2	If the data supports the compliance concern, the Fraud Hotline Input (FHI) will need to be added to an existing open case or a new case created.	<ul style="list-style-type: none"> If an open case already exists for the subject of the tip-off follow SOP 7.1 – Confirm the existence of an open case for the same subject of the tip-off for procedures on how to add the FHI to the open case. If there are no open cases already s47E(d) , follow SOP 12.1 – Create Case for procedures on how to create a case for treatment.
3	If the data does not support the compliance concern, the FHI will be closed with No Further Action (NFA) taken.	<ul style="list-style-type: none"> See SOP 27 – NFA for procedures on how to close a FHI.

OUTCOME

Concern assessment – Corroborate Compliance Concern

Information

The compliance concern has been analysed resulting in either the corroboration of the tip-off concern or a result of no further action taken.

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Concern assessment – File all relevant documents


INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures you must follow to file all relevant documents	
Relates to	This SOP relates to <i>Tip-Off Triaging Action 10 – Concern assessment</i>	
Step	Action	
1	Tip-offs received via surface mail, email or webform as well as supporting documents are all relevant documents that are required to be saved into TRIM either under the subject's individual TRIM Digital File AND alternatively within the relevant Tip-Off Project Digital File OR , if no case is created, under the current No Further Action (NFA) Digital File	
2	<p>Once the subject of the tip-off has been identified and a s47E(d) is to be created, the TRIM Digital File for the subject should be located or created (see SOP 10.5). All relevant documents can then be saved into the relevant individual's Digital File.</p> <p>The original email or web-form should also be saved alternatively within the relevant Tip-Off Project Digital File (located under TRIM Placeholder s22).</p> <p>Documents associated with a Fraud Hotline Input to be closed with no further action taken, and where there is no individual TRIM Digital File, should be saved to the current NFA Digital File – TRIM e File reference s22</p>	<ul style="list-style-type: none"> Irrespective of in which digital file the document is stored, you must ensure the title of the document is searchable by 'Title word'. Ensure the name of the subject and any identifying number are included in the TRIM title. This will allow the document to be located for intelligence purposes at a later date. To save a document into a Digital File follow the procedures set out in TRIM Quick Reference Guide (ORG) - Doc Mgt - Saving Documents into TRIM.pdf <ul style="list-style-type: none"> Tip-offs received via surface mail will need to be scanned and checked to ensure it is complete and correct.

		<div>s47E(d)</div> <div></div>
OUTCOME		
Information	Any relevant documents and files have been saved into the appropriate TRIM Digital File.	

Concern assessment – Find existing TRIM digital file for the subject of the tip-off

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures you must follow in order to locate an existing TRIM Digital File for the subject of the tip-off.	
Relates to	This SOP relates to <i>Tip-Off Triaging Action 10 – Concern assessment</i>	
Step	Action	
1	Tip-offs received via surface mail, email or webform are all required to be saved into TRIM either under the subject's individual TRIM Digital File or the NFA Digital File.	
2	<p>Once the subject of the tip-off has been identified and a s47E(d) is to be created, a search of s47E(d) should be conducted to determine if an existing TRIM Digital File exists.</p> <p>Any tip-offs received via mail, email or webform as well as other supporting documentation can then be saved into the subject's Digital File.</p> <p>If no TRIM Digital File exists for the subject, supporting documentation can be saved in the temporary working folder: s22 and moved into the new TRIM Digital File generated on case creation.</p>	<p>s47E(d)</p> 

Concern assessment – Find existing TRIM digital file for the subject of the tip-off

If you locate a DoH TRIM digital file for an entity that has not been migrated to the new s47E(d) dataset raise a HC Support Request through Sharepoint and let s22 know via email.

s47E(d)

s47E(d)

OUTCOME

Information A TRIM Digital File has now been located for the subject of the tip-off.

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INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures you must follow in order to summarise a concern in order to prepare for the creation of a Fraud Hotline Input (FHI) record.	
Relates to	This SOP relates to <i>Tip-Off Triaging Action 10 – Concern assessment</i>	
Step	Action	
1	<p>Once a tip-off concern has been analysed, a Fraud Hotline Input (FHI) must be created (refer to SOP 10.3).</p> <p>Some tip-offs received must be summarised in order to prepare them for the FHI creation. The Information Provided field in the FHI has a character limit of 3072.</p>	
2	<p>Once the tip-off concern has been analysed a summary of the concern can be prepared for the Information Provided field in the FHI.</p> <p>The summary should include as much information as possible and should also be succinct and impartial. Clearly distinguish the informant's input as an allegation, and ensure you clearly identify any comment or assessment you provide.</p>	<ul style="list-style-type: none"> • The relevant health program • Who provided the service or supply • Who was the recipient of the service or supply • What was the service or supply • Where did the service or supply take place • When did the service or supply occur • Who is responsible for the claim • Who was/is impacted by the behaviour • How/why did the behaviour occur • Any TRIM reference numbers
OUTCOME		
Information	The compliance concern has been summarised and is ready to be included in the FHI (see SOP 10.3).	

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Concern assessment – Create Fraud Hotline Input (FHI) – QRG 3.1

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures you must follow in order to create a Fraud Hotline Input (FHI).
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Relates to	This SOP relates to <i>Tip-Off Triaging Action 10 – Concern assessment</i>
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Step	Action
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1	A Fraud Hotline Input (FHI) must be created for each tip-off received by Provider Benefits Integrity Division (PBID). s47E(d)
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2	<p>Tip-offs received via the Call Information Centre will already have a FHI created and these are accessed via filtering Reports s47E(d)</p> <p>– see QRG 3.13.</p>
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s47E(d)

Concern assessment – Create Fraud Hotline Input (FHI) – QRG 3.1

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Concern assessment – Create Fraud Hotline Input (FHI) – QRG 3.1

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Concern assessment – Create Fraud Hotline Input (FHI) – QRG 3.1

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Concern assessment – Create Fraud Hotline Input (FHI) – QRG 3.1

		s47E(d)
3	<p>Where the FHI is received from the Call Information Centre, do not edit the 'Information Received' field in the FHI, other than to add the Concern Category – see Step 6.</p>	<p>There may be instances where the information in the FHI created by the Call Information Centre is incomplete or potentially inaccurate.</p> <p>In such situations, the complete and accurate information is either included in the Case details where a case is created, or, if the FHI is being closed No Further Action (NFA), then any Preliminary Analysis findings are added under the FHI 'Close Reason Comments'.</p> <p>If there is insufficient space to record the Preliminary Analysis findings under the FHI 'Close Reason Comments', then the findings should be recorded in the FHI 'Information Provided' field. Make a space under the existing information, type the word 'Comments' to signal that these are findings and not provided information, then add the findings underneath.</p> <p>s47E(d)</p>

Concern assessment – Create Fraud Hotline Input (FHI) – QRG 3.1

		s47E(d)
4	For tip-offs received by all other means, the Assessment Team is responsible for creating the FHI.	To create an FHI, follow the procedures set out s47E(d) Quick Reference Guide (QRG) 3.1 – Create Fraud Hotline Input record.
5	Record the Person/Entity of Interest (POI) as the Subject of the FHI.	<p>s47E(d)</p> <p>Note that this would usually be the person/entity which receives the benefit associated with the allegation.</p> <p>In the case of PBS benefits, this would be the Approved Supplier (pharmacy), not an individual pharmacist. If the concern is in regards to an unapproved pharmacy, where it is possible to identify the associated claiming Approved Pharmacy (if applicable), then it is the associated Approved Pharmacy (Approved Supplier) which will be the Subject.</p>



Concern assessment – Create Fraud Hotline Input (FHI) – QRG 3.1

6	Record the Concerns using the options provided in TBA	<p>Concern Category</p> <p>The Concern Category is determined by review of the information and the Preliminary Analysis findings.</p> <p><u>Single Concern Example</u></p> <p>Medicare - Incorrect Billing - Billing more expensive MBS item for service (up-coding) s47E(d)</p> <p>You may, on some occasions, identify more than one concern for the person/entity of interest. All concerns should be listed, but starting with the word 'Multiple Concerns'.</p> <p><u>Multiple Concerns Example</u></p> <p>Multiple Concerns (2) – 1. Medicare - Anomalous service pattern - Billing patterns in excess of relevant specialty cohort and/or patient demographics 2. Medicare - Service not provided - Claiming for MBS service that was not rendered s47E(d)</p>
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Concern assessment – Create Fraud Hotline Input (FHI) – QRG 3.1

		<p>Information Provided – FHI created by the Call Information Centre Do not make any changes – see Step 3.</p> <p>Information Provided – FHI created by the Assessment Team Summarise the issue, using appropriate language, and include the TRIM reference for the email or webform.</p>
7	<p>If the FHI is to be closed NFA, add the Preliminary Analysis findings under Close Reason Comments.</p>	<p>s47E(d)</p> <p>Example: Insufficient information to identify risk. The allegation was anonymous and insufficient details were provided to enable identification of the disputed services.</p> <p>If there is insufficient space to record the Preliminary Analysis findings under the FHI 'Close Reason Comments', then the findings should be recorded in the FHI 'Information Provided' field. Make a space under the existing information, type the word 'Comments' to signal that these are findings and not provided information, then add the findings underneath.</p>

Concern assessment – Create Fraud Hotline Input (FHI) – QRG 3.1

		<p><u>Example</u> s47E(d)</p> 
8	<p>If a case is created, close the FHI without any close reason, then edit the Case Issue Description to effectively and accurately summarise the issue.</p> <p>Add the Preliminary Analysis findings as a Case Note.</p>	<p><u>Case Issue Description</u> This should be succinct, accurate, include all relevant Reference Numbers and Reference Types, and reference all the relevant attachments and documents, including the FHI reference.</p> <p><u>Case Note</u> Commence the Case Note with the Reason for the treatment type selection followed by the Preliminary Analysis findings.</p> <p><u>Example:</u> s47E(d)</p> 

Concern assessment – Create Fraud Hotline Input (FHI) – QRG 3.1

		<p><u>Example</u></p> <p>Evidence/allegation of non-provision. The child's (patient's) mother has stated that they attended the clinic once in 2016 for dental services. Then after she had received follow up messages to come in for dental reviews. They did not attend the clinic and when they went to another clinic, only \$30 was remaining for their balance.</p> <p><u>Example:</u> s47E(d)</p>
9	<p>When a case is created for a tip-off, the case must be associated to a Tip-Off Project s47E(d)</p> <p>The list of Tip-Off Projects is in TRIM – s22</p>	<p><u>The decision as to which is the correct Tip-Off Project should be made as follows:</u></p> <p>1. Has the case been accepted by Investigations Section?</p> <p>Yes – The Tip-Off Project is determined by the Provider Group, Treatment and Priority.</p> <p>s47E(d)</p>

Concern assessment – Create Fraud Hotline Input (FHI) – QRG 3.1

		s47E(d)
10	Once the FHI has been created, the FHI will either be closed NFA as per SOPs 28.1, 28.2 and QRG 3.7 or a case will be created as per SOP 12.1 and QRG 3.6.	
OUTCOME		
Information	A Fraud Hotline Input has been created.	


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Concern assessment – Obtain Supporting Data

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures you must follow in order to obtain data to confirm that, where relevant, a claim has been made for the service or supply in question.	
Relates to	This SOP relates to <i>Tip-Off Triaging Action 10 – Concern assessment</i>	
Step	Action	
1	<p>Once you have determined a compliance concern is suitable for treatment by PBID in accordance with SOP 10.1, you will need to undertake further analysis before raising a case.</p> <p>The concern must be validated by obtaining data to confirm whether non-compliance has actually occurred.</p>	
2	Where the concern relates to a particular instance of service or supply, then the first step in corroborating the concern requires confirming that a benefit has been claimed for the service or supply in question.	<p>For tip-offs relating to a particular service or supply, as a minimum, you will need to know the following details:</p> <ul style="list-style-type: none"> • The identity of the person receiving the service or supply, • The identity of the provider of the service or supplier of the pharmaceutical benefit, and • An approximate date of the service or supply.

Concern assessment – Obtain Supporting Data

3.1	Confirm that a Medicare Service has been billed.	<p>The first step in identifying if a claim for a Medicare service has been made is to look at the provider's history.</p> <p>s47E(d)</p>  <p>THIS DOCUMENT HAS BEEN RELEASED UNDER THE FREEDOM OF INFORMATION ACT 1982 BY THE DEPARTMENT OF HEALTH AND AGED CARE</p>
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Concern assessment – Obtain Supporting Data

s47E(d)

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s47E(d)

If the Medicare service in question is unable to be identified in the Provider Services Report, this may

Concern assessment – Obtain Supporting Data

be because the provider has not yet made a claim for payment. You may need to wait up to a week to allow for the provider to claim for a service.

You now have sufficient information to identify whether or not a payment was made for a claim of concern. You will also know the following details of the claim:

- Date of service
- Date of claim
- Item number
- Claim type
- Patient details including Medicare PIN
- Provider details including payment details and provider location

File a copy of the Provider Services Report in the relevant TRIM Digital File (See SOP 10.6)

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Concern assessment – Obtain Supporting Data

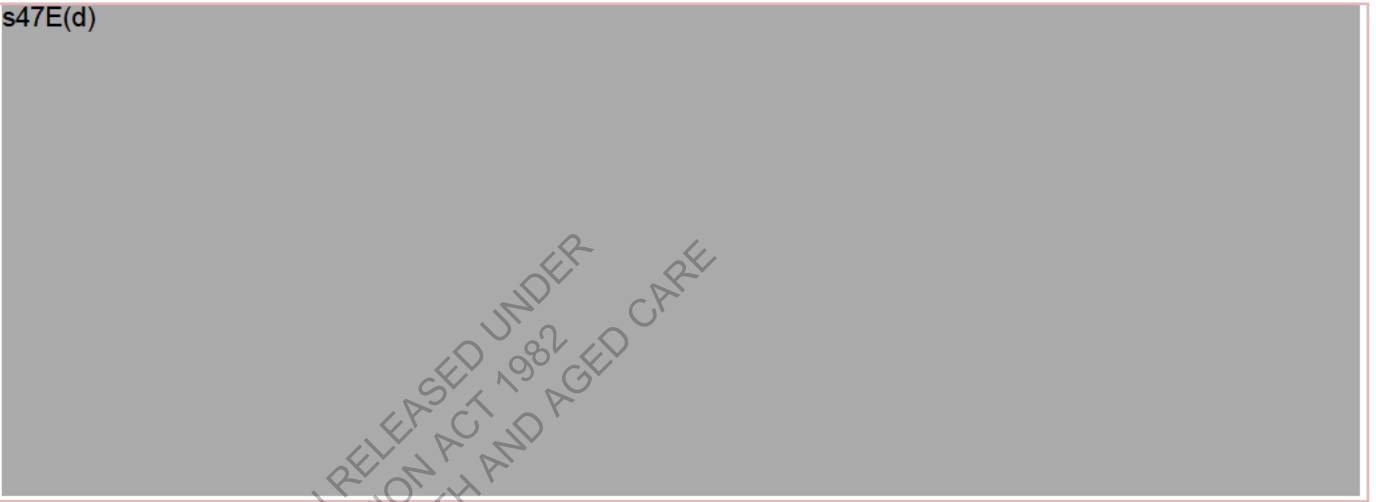
3.2	Confirm that a claim has been made for supply of a pharmaceutical benefit.	<p>The first step in identifying if a claim has been made for the supply of a pharmaceutical benefit is to look at the patient history.</p> <p>s47E(d)</p> <p>THIS DOCUMENT HAS BEEN RELEASED UNDER THE FREEDOM OF INFORMATION ACT 1982 BY THE DEPARTMENT OF HEALTH AND AGED CARE</p>
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Concern assessment – Obtain Supporting Data

s47E(d)

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Concern assessment – Obtain Supporting Data

		<p>s47E(d)</p>  <p>THIS DOCUMENT HAS BEEN RELEASED UNDER THE FREEDOM OF INFORMATION ACT 1982 BY THE DEPARTMENT OF HEALTH AND AGED CARE</p>
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Concern assessment – Obtain Supporting Data

s47E(d)

The next option is to find the prescription in the Approved Supplier’s claim.
This option also provides the details of any warning or rejection messages that the pharmacy (Approved Supplier) has received in relation to the transaction.

s47E(d)

s47E(d)

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Concern assessment – Obtain Supporting Data

s47E(d)

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Concern assessment – Obtain Supporting Data

s47E(d)

You now have all the information submitted as part of the claim for the supply of the pharmaceutical benefit, including s47E(d)

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Concern assessment – Obtain Supporting Data

s47E(d)

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Concern assessment – Obtain Supporting Data

		s47E(d)
4	File a copy of the supporting documents in the relevant TRIM Digital File.	<ul style="list-style-type: none"> See SOP 10.6
5.1	Make a case note – claim for service or supply not confirmed.	<p>If the concern is unable to be substantiated with any supporting data and the Fraud Hotline Input will be closed with no further action take, a comment including the TRIM reference numbers will need to be added to the FHL Close Reason Comments.</p> <p>See SOP 10.4 and s47E(d) Quick Reference Guide 3.7 - Close FHL Input Record for entering in the close reasons and details.</p>
5.2	Make a case note – claim for service or supply confirmed.	<p>If the concern is substantiated with supporting data, a case note including the TRIM reference numbers will need to be added to the provider or organisations case s47E(d) .</p> <p>See s47E(d) Quick Reference Guide 3.5 - Record Case Note.</p>
5.3	This information will be necessary to fill in the Fraud Hotline Input in accordance with SOP 10.3 , and also to summarise the issue s47E(d) input in accordance with SOP 10.4 .	

Concern assessment – Obtain Supporting Data

OUTCOME

Information

There is confirmation as to whether or not a claim has been made for the service or supply in question, and the concern will be validated or otherwise.

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INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures you must follow in order to analyse the compliance concern.
Relates to	This SOP relates to <i>Tip-Off Triaging Action 10 – Concern assessment</i>
Step	Action
1	<p>Preliminary Analysis Section is responsible for undertaking sufficient analysis to determine:</p> <ul style="list-style-type: none">• If there is a compliance concern which is suitable for treatment by Provider Benefits Integrity Division (PBID),• Which treatment option is most appropriate for the identified concern, and• The Priority Score for the associated case or batch. <p>Before a tip-off becomes a case for treatment, analysis is undertaken to determine if the concern can be validated. This requires identification of all the relevant elements; these are dependent on the nature of the concern.</p>

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Concern assessment – Analyse the concern

2	<p>Concerns can be related to many different aspects of a particular service or supply.</p> <p>Assessing the concern requires identification of the nature of the concern.</p> <p>A number of elements need to be considered in order to correctly determine the nature of the concern.</p>	<ul style="list-style-type: none"> • The relevant health programme • Who provided the service or supply • Who was the recipient of the service or supply • What was the service or supply • Where did the service or supply take place • When did the service or supply occur • Who is responsible for the claim • Who was/is impacted by the behaviour • How/why did the behaviour occur
3	<p>Payments and subsidies for various services or supplies under health programmes are governed by legislation and the relevant programme business rules.</p> <p>Identifying the correct programme is essential for assessing compliance with the relevant legislation and rules.</p> <p>Relevant legislation includes:</p> <ul style="list-style-type: none"> • <i>Health Insurance Act 1973</i> 	<p>Health programmes include:</p> <ul style="list-style-type: none"> • Medical Benefits Schedule (MBS) services provided by: <ul style="list-style-type: none"> ○ General Practitioners ○ Medical Specialists ○ Approved Pathology Authorities ○ Diagnostic Imaging providers ○ Allied Health practitioners – see List at Step 4 ○ Medical practice staff

Concern assessment – Analyse the concern

- | | |
|---|--|
| <ul style="list-style-type: none"> • <i>Health Insurance Regulations 1975</i> • <i>Health Insurance (Pathology Services) Regulations 1989</i> • <i>Health Insurance (Diagnostic Imaging Accreditation) Instrument 2010</i> • <i>National Health Act 1953</i> • <i>National Health (Pharmaceutical Benefits) Regulations 2017</i> • <i>Dental Benefits Act 2008</i> • <i>Dental Benefits Rules 2014</i> | <ul style="list-style-type: none"> • Child Dental Benefits Schedule (CDBS) services provided by: <ul style="list-style-type: none"> ○ Dental practitioners • Prescribing under the Pharmaceutical Benefits Scheme (PBS) by: <ul style="list-style-type: none"> ○ Medical practitioners ○ Dentists ○ Authorised optometrists ○ Nurse practitioners, and ○ Eligible midwives. • Supply under the PBS by Approved Suppliers • Various incentive programmes, including: <ul style="list-style-type: none"> ○ Practice Nurse Incentive Program (PNIP) ○ E-Health Records ○ Bulk billing ○ Cervical cancer / pap smear checks |
|---|--|

Concern assessment – Analyse the concern

4	<p>The types of service and conditions of the service or supply may be restricted by the eligibility of the service provider or supplier to provide the service or supply.</p> <p>Therefore, identifying the service provider or supplier is an integral component of identification of the nature of the concern.</p>	<ul style="list-style-type: none"> • Medical practitioners, including various medical specialties • Approved Pathology Authorities • Diagnostic Imaging providers • Allied Health practitioners such as: <ul style="list-style-type: none"> ○ Aboriginal Health Workers or Aboriginal and Torres Strait Islander Health Practitioners ○ Audiologists ○ Chiropractors ○ Dental practitioners ○ Diabetes Educators ○ Dietitians ○ Exercise Physiologists ○ Mental Health Nurses ○ Mental Health Workers ○ Midwives ○ Nurse Practitioners ○ Occupational Therapists ○ Optometrists
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Concern assessment – Analyse the concern

- Osteopaths
- Pharmacists
- Physiotherapists
- Podiatrists
- Practice Nurses
- Psychologists
- Social Workers
- Speech Pathologists
- Approved Suppliers such as:
 - Section 90 approvals (community pharmacies), including Friendly Society pharmacies
 - Section 94 approvals (approved hospital authorities)
 - Section 92 approvals (approved medical practitioners)

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Concern assessment – Analyse the concern

5	<p>Service, subsidy and supply may be dependent on the eligibility of the recipient of the service or supply.</p> <p>For such concerns, identifying the recipient of the service or supply is an integral component in defining the nature of the concern.</p>	<p>Eligibility of the service recipient may be related to varying particulars as:</p> <ul style="list-style-type: none"> • Citizenship/residential status • Location • Age • Gender • Identification as Aboriginal and/or Torres Strait Islander • Eligibility for Family Tax Benefit A payment • Eligibility for Private Health Insurance rebate
6	<p>Each item listed in the various schedules is described, along with the conditions imposed on the service or supply.</p> <p>For some concerns, identifying the particular service, including length of consultation for timed items, subsidy or supply in question is an integral component in defining the nature of the concern.</p>	<p>While the item descriptors are supported by legislation, the various schedules are the most accessible source of information for the analyst:</p> <ul style="list-style-type: none"> • http://www9.health.gov.au/mbs/search.cfm • http://www.pbs.gov.au/pbs/home • http://www.health.gov.au/internet/main/publishing.nsf/content/childdental

Concern assessment – Analyse the concern

7	<p>Eligibility for some services, subsidies or supplies is determined by the location of the service or supply.</p> <p>For such concerns, identifying the location of the service or supply may be integral to defining the nature of the concern.</p>	<p>Depending on the service, subsidy or supply, eligibility may be determined by such factors as:</p> <ul style="list-style-type: none">• Accessibility/Remoteness Index of Australia (ARIA) score• State or Territory (not all states and territories are signatories to the PBS reforms, new South Wales being the exception)• Hospital in-patient (public hospital)• Hospital out-patient or day admitted patient (public hospital)• Private hospital patient• Residential Aged Care Facility (RACF) resident• Approved Supplier or unapproved pharmacy• Incarceration
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Concern assessment – Analyse the concern

8	<p>Eligibility for a service, subsidy or supply may be related to when the service was provided or the supply made.</p> <p>For such concerns, identifying the time of the service or supply may be integral to determining the nature of the concern.</p>	<p>Depending on the service, subsidy or supply, eligibility may be determined by such factors as:</p> <ul style="list-style-type: none">• Weekday, weekend or public holiday• Time of the day• Date prior to accreditation of the provider or practice• Date after the accreditation of the provider or practice was revoked• Relationship to the consumer's date of death, i.e. was the service or supply claimed as being provided or supplied after the consumer was deceased• Before or after the referral period• Before the date of prescribing• After the prescription ceased to be valid (most PBS prescriptions are valid for one year from date of prescribing)• Date prior to approval of the Approved Supplier• Date after the approval of the Approved Supplier was revoked.
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Concern assessment – Analyse the concern

9	<p>Identifying the person or entity responsible for the claim can be an essential component in determining the nature of the concern.</p> <p>This is particularly so where the concerns are related to corporates, figurehead billing and fraud.</p> <p>It is essential that this intelligence, where available or applicable, is used to determine the nature of the concern.</p>	<p>This element is usually not identifiable from data but may be included in the intelligence received as part of the tip-off.</p> <p>The person or entity responsible for the claim can include:</p> <ul style="list-style-type: none"> • Practice managers / receptionists • Practice principals • Consumers (e.g. forging prescriptions, submitting false claims) • Pharmacists (employee and owner) claiming for pharmaceutical benefits not prescribed and/or supplied.
10	<p>Identifying the programme, person or entity impacted by the behaviour can assist in determining the nature of the concern.</p> <p>This may also assist in determining if referral to another jurisdiction may be the most appropriate treatment.</p>	<p>The programme, person or entity impacted by the behaviour can include:</p> <ul style="list-style-type: none"> • The relevant programme, i.e. recovery of benefits incorrectly paid would be the likely treatment option. • The consumer; for example, sub-optimal treatment may warrant referral to another jurisdiction or it may be inappropriate practice resulting in PRP referral. • Another practitioner or practice; this may not be a concern relevant to PBID.

Concern assessment – Analyse the concern

11.	<p>Non-compliant behaviour can be accidental, opportunistic or deliberate.</p> <p>Sometimes the intelligence provided as part of the tip-off enables the analyst to identify how or why the behaviour occurred.</p> <p>Where this intelligence is available, this intelligence can be critical in determining the nature of the concern.</p>	<p>Examples of how or why non-compliant claiming occurred include:</p> <ul style="list-style-type: none">• Ignorance of the relevant legislation and rules.• Lack of familiarity with the systems or software used for claiming.• Ignorance of what is being claimed on their behalf by a third party.• Failure to keep accurate and contemporaneous records.
12.	<p>When all possible elements have been identified, the analyst is able to determine if there is a compliance concern and what steps should be taken in order to validate the concern and obtain supporting data. See SOP 10.2.</p>	
OUTCOME		
Information	<p>Analysis of the tip-off has determined if it is a compliance concern which is suitable for treatment by PBID.</p>	

Case officer for existing case accepts new concern/tip-offs as per agreed principles – Update existing case – QRG 3.4

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures you must follow to update an existing case.	
Relates to	This SOP relates to <i>Tip-Off Triaging Action 9 – Existing case: Case officer for existing open case accepts new concern/tip-off as per agreed principles</i>	
Step	Action	
1	<p>Having followed the procedures in SOPs 2.4, 7.1, 7.2, 7.3, 8.1 and 8.2, you have spoken to the relevant case officer in Operations Branch who has determined the new concern/tip-off can be added to their existing case. You will now need to:</p> <ul style="list-style-type: none"> relate a FHL Input record to an existing Case Record; add concern/s to the Case Record, if applicable; and close the FHL Input record. 	
2	Prepare the fraud hotline input in accordance with SOP 10.3.	
3	Update the case in accordance s47E(d) Quick Reference Guide (QRG) 3.4	
4	Where applicable, file any additional tip-off or analysis documents in accordance with SOP 10.6.	<ul style="list-style-type: none"> Where additional documents are filed in relation to a new tip-off/concern that are not already referenced in the case request or existing case notes, ensure that another case note is added referencing the additional documents and explaining their relevance to the FHL Contact case note added under QRG 3.4.

Case officer for existing case accepts new concern/tip-offs as per agreed principles – Update existing case – QRG 3.4

5	Add a new case note recording the outcomes of step 3 in <i>SOP 8.1 – Consult with case officer.</i>	
OUTCOME		
Information	Existing case has been updated with new tip-off/concern.	

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Case officer for existing case accepts new concern/tip-off as per agreed principles – Principles underpinning decisions to treat new tip-off as part of an existing case

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the principles underpinning decisions to treat the new tip-off as part of an existing case.	
Relates to	This SOP relates to <i>Tip-Off Triaging Action 8 – Case officer for existing case accepts new concern/tip-off as per agreed principles</i>	
Step	Action	
1	<p>When you contact the relevant case officer in Operations Branch, they will generally have a clear idea on how they wish to proceed with additional tip-off information and new concerns during the conversation. It will be the decision of the case officer whether the new concern/s are added to the existing case. To assist them in this decision making you should cover the following points:</p> <ul style="list-style-type: none"> • significance of the new information to the existing case – this will be based on your findings when do (this is on a case by case basis); • relationship between the existing case and the new information or concern; and • status of the existing case and whether accepting new information/concerns would lead to delays in the case progressing within required/agreed timeframes. 	
2	When contacting the case officer, discuss the dot points above and arrive at a decision in accordance with SOP 8.1 – QRG 3.3.	<p>If the consultation with the case officer results in the decision to create a new case rather than add to the existing case, ensure you record the decision and put it in a case note on the new case. Send an email to the case officer of the existing case confirming their decision, and informing them of the new case number for their reference. File the sent email to the TRIM folder for the new case.</p> <p>In most cases, the decision will be to add the new information/concern to an existing case; however, there are times where a new case is created. Ultimately, the decision lies with the case officer.</p>

Case officer for existing case accepts new concern/tip-off as per agreed principles – Principles underpinning decisions to treat new tip-off as part of an existing case

Typically, you may conclude in your discussion with the case officer that the appropriate course of action is to create a new case with a different treatment type; for example, a new tip-off alleges incorrect billing relating to a doctor currently subject to PRP review, you and the case officer may conclude a new audit case is the best solution.

s47E(d)

Outcome

Information – Principles for adding existing case considered, and decision recorded.

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There is an existing open case for the same subject of the tip-off - Existing case; case officer assigned

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures to follow when you have found an open case, and a case officer is assigned.	
Relates to	This SOP relates to <i>Tip-Off Triaging Action 7 – Existing case; case officer assigned</i>	
Step	Action	
1	As with <i>SOP 7.1</i> step 1, this SOP should be read in conjunction with <i>SOP 2.4 - Check for open cases</i> and <i>SOP 8.1 - Case officer accepts new concern/tip-off - Consult with case officer – QRG 3.3</i> , s47E(d) [REDACTED]	
	Where you have completed <i>SOP 2.4</i> and have identified a related open existing case, follow s47E(d) [REDACTED] and <i>QRG 3.4</i> to add information to an existing case.	
2	Where you have completed <i>SOP 2.4</i> and have identified a related open existing case, follow <i>SOP 7.1</i> in conjunction with s47E(d) [REDACTED], and <i>QRG 3.4</i> to add information to an existing case.	<p>If the case officer and the case manager are unavailable, you can seek advice from:</p> <p>Audit: Contact the Assistant Director in the relevant state;</p> <p>Investigations: s47E(d) [REDACTED]; or</p> <p>Health Provider Section: s47E(d) [REDACTED]</p>
Outcome	Information – Existing open case with case officer has been updated, or a new tip-off case has been created as appropriate.	

There is an existing open case for the same subject of the tip-off – Confirm the existence of an open case for the same subject of the tip-off

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures to confirm the existence of an open case for the same subject of the tip-off.	
Relates to	This SOP relates to <i>Tip-Off Triaging Action 7 – There is an existing open case for the same subject of the tip-off</i>	
Step	Action	
1	<p>This SOP should be read in conjunction with <i>SOP 2.4 - Check for open cases</i>, s47E(d) [REDACTED]</p> <p>Where you have completed SOP 2.4 and have identified a related open existing case, follow steps s47E(d) [REDACTED] and <i>QRG 3.4</i> to add information to an existing case.</p>	
2	As a courtesy, contact the case officer or case manager prior to adding information to an existing case.	<p>Note that steps s47E(d) [REDACTED] indicate that, with the exception of certain decision cases, you should add the information to the relevant existing case, and <i>then</i> inform the case officer and case manager.</p> <p>s47E(d) [REDACTED]</p> <p>Some tip-offs can be safely added as case notes to existing cases without prior consultation with the case officer (for example, they</p>

Standard Operating Procedure 7.1

Tip-Off Triaging

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There is an existing open case for the same subject of the tip-off – Confirm the existence of an open case for the same subject of the tip-off

		are on leave) if you have been working closely with the case officer and understand exactly what phase the treatment case is in, and what the relationship of the new information is to the existing information. In such circumstances, you must still inform the case officer, preferably by email, of the new information you have added to the case.
Outcome	Information – Existing open cases have been updated, and case officers informed.	

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Determining if the Department of Health is the most appropriate jurisdiction for treating the compliance concern

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures you must follow in order to determine if Department of Health is the most appropriate jurisdiction for treating the compliance concern.	
Relates to	This SOP relates to <i>Tip-Off Triaging Action 4 – Is the identified concern a valid concern for treatment by Department of Health?</i>	
Step	Action	
1	When an allegation has been received, the analyst needs to determine if the concern falls within the jurisdiction of Department of Health. This may entail a referral to another Division within the Department of Health or an external referral outside the Department of Health – See <i>SOP 3.2 - Actions if the Department of Health is the most appropriate jurisdiction.</i>	
2	<p>If the allegation relates to a health provider or medical practice/hospital staff and results in an incorrect payment under the Medicare Benefits Schedule (MBS) or Child Dental Benefits Schedule (CDBS) and/or a breach of the relevant legislation, then this concern would fall within the jurisdiction of Provider Benefits Integrity Division (PBID).</p> <p>If the allegation relates to the supply of Pharmaceutical Benefits Scheme (PBS) medicines and results in an incorrect payment and or/breach of the relevant legislation, then this concern would fall within the jurisdiction of PBID.</p>	
3	<p>PBID may not be the appropriate jurisdiction when treating the compliance concern.</p> <p>Confirm with the team leader/supervisor that the issue is suitable for referral outside the Department of Health.</p>	<p>PBID is not responsible for compliance activity in regard to:</p> <ul style="list-style-type: none"> Complaints about professional conduct; quality of the service provided; and diagnosis, treatment or care. <p>These concerns would fall within the jurisdiction of the Australian Health Practitioner Regulation Agency (AHPRA). <u>Please note:</u> These types of complaints in NSW and QLD fall within the jurisdiction of the State Regulatory bodies - see SOP 6.4.</p>

Determining if the Department of Health is the most appropriate jurisdiction for treating the compliance concern

- Complaints made in regard to any aspect of a health service, such as diagnosis, treatment or care; sharing information without permission; inappropriate behaviour by a provider; or quality of the service provided.

These concerns would fall within State regulatory jurisdictions – see SOP 6.5. State jurisdictions are generally responsible for the regulation of pharmacy business, pharmacy departments and pharmacy depots – see SOP 6.6

- Welfare concerns (Centrelink); misuse of Medicare Cards (stolen identities); fraud from a member of the public (that is not a provider or Medical Practice/Hospital staff); claim enquiries that are the result of DHS administrative errors; provider enquiries regarding claiming statements and Registration; lost/stolen Medicare cards, prescription shopping; or MyGov enquiries – see SOP 6.2
- DVA Compliance in relation to billing DVA customers/claims – see SOP 6.3
- Information received in relation to suspicious activity regarding Australian National Security – see SOP 6.7
- Information received in relation to criminal activity – see SOP 6.8

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Determining if the Department of Health is the most appropriate jurisdiction for treating the compliance concern

4	<p>PBID may not be the appropriate jurisdiction when treating the compliance concern.</p> <p>Confirm with the team leader/supervisor that the issue is suitable for referral to another Division within the Department of Health.</p>	<p>PBID is not responsible for compliance activity relating to:</p> <ul style="list-style-type: none"> • The following Community Pharmacy programs under the Sixth Community Pharmacy Agreement (6CPA): <ul style="list-style-type: none"> ○ Clinical Interventions ○ Dose Administration Aids ○ Staged Supply ○ Home Medicines Review ○ Home Medicines Review Rural Loading Allowance ○ MedsCheck and Diabetes MedsCheck ○ Residential Medication Management Review ○ Quality Use of Medicines ○ Administrative Support to Pharmacy Schools Scheme ○ Emergency Locum Service ○ Intern Incentive Allowance for Rural Pharmacies ○ Intern Incentive Allowance for Rural Pharmacies - Extension ○ Rural Intern Training Allowance (RITA) ○ Rural Pharmacy Continuing Professional Education (CCPE) Allowance ○ Rural Pharmacy Liaison Officer (RPLO) Programme ○ Rural Pharmacy Maintenance Allowance (RPMA) ○ Rural Pharmacy Scholarship Mentor Scheme ○ Rural Pharmacy Scholarship Scheme ○ Rural Pharmacy Student Placement Allowance ○ Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme ○ Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme
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Determining if the Department of Health is the most appropriate jurisdiction for treating the compliance concern

		<ul style="list-style-type: none">○ Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People (QUMAX)○ Section 100 Pharmacy Support Allowance <p>Any tip-offs relating to these programs should be directed to the s47E(d) [REDACTED] mailbox.</p> <ul style="list-style-type: none">● Complaints about Aged Care Quality, Facilities or Grants● Aged Care Funding Instrument● Hospital complaints/issues <p>See SOP 6.1</p>
5	Where PBID is not the appropriate jurisdiction to treat the compliance concern, refer to SOP 5.2 .	
OUTCOME		
Information	It has been determined the Department of Health is the most appropriate jurisdiction for treating the compliance concern.	

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Has the subject of the tip-off been identified? – Subject of the tip-off identified

INTRODUCTION

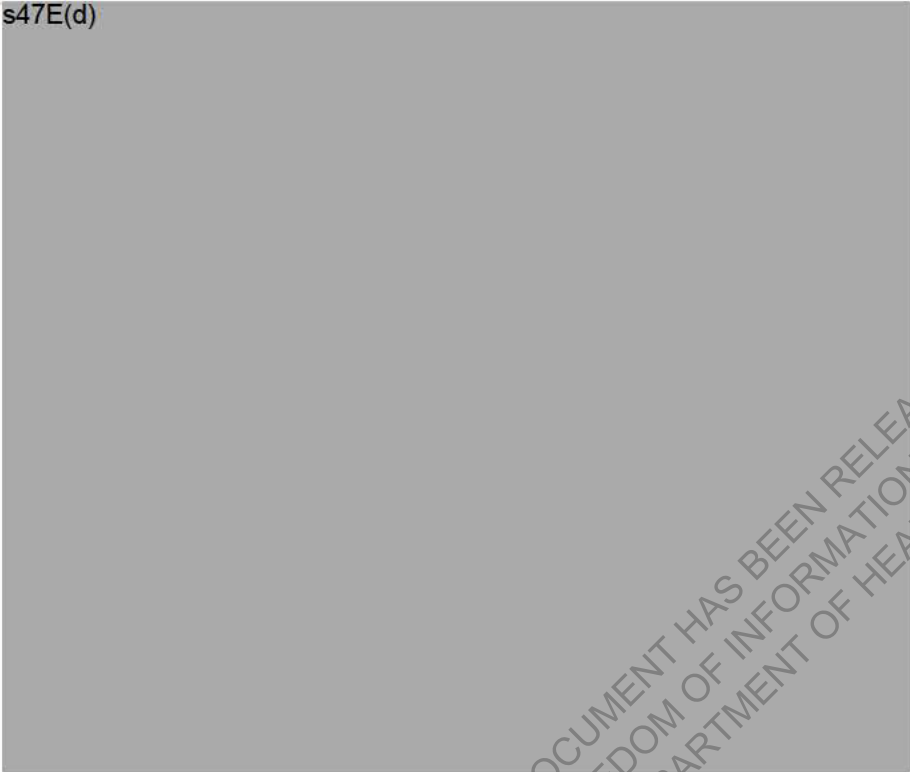
Purpose	This Standard Operating Procedure (SOP) follows on from <i>SOP 2.2 - Identify the subject/s of the tip-off</i> .	
Relates to	This SOP relates to <i>Tip-Off Triaging Action 3 – Has the subject of the tip-off been identified?</i>	
Step	Action	
1	Procedures for identifying the subject of a tip-off are listed at SOP 2.2 - Identify the subject/s of the tip-off . In accordance with these SOPs, you must now identify whether or not the subject of the tip-off has been identified.	
2	<p>If you are satisfied you have identified the subject of the tip-off, proceed to SOP 3.2 – Actions if the Department of Health is the most appropriate jurisdiction.</p> <p>If you have been unable to identify the subject, make a note in the 'Information received' field of the Fraud Hotline Input (FHI) and close the FHI in accordance with steps 41 onwards in QRG 3.6.</p>	If a subject is not identified, the tip-off may still hold intelligence value. For this reason, ensure you still include as much detail as possible, and file any additional documentation or results of your research in an appropriate cross-referenced TRIM folder.
Outcome	Decision – appropriate action is selected depending on the identification of the subject.	

Initial Tip-Off Assessment – Check for existing cases

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures to check for existing cases s47E(d) so you can avoid creating duplicate cases, preventing two or more business areas from working on the same thing without each other's knowledge, and keep case officers up to date on new developments in their cases.	
Relates to	This SOP relates to <i>Tip-Off Triaging Action 2 – Initial tip-off assessment</i>	
Step	Action	
1	This SOP should be read in conjunction with: SOPs 7.1, 7.2 and 7.3; s47E(d)	
	New tip-offs will often relate to existing matters s47E(d) After preparing a Fraud Hotline Input record in accordance s47E(d) <i>Quick Reference Guide 3.1</i> , conduct a search to see if the subject of the tip-off is already recorded s47E(d) by following the instructions in QRG 3.3.	
2	s47E(d)	

Initial Tip-Off Assessment – Check for existing cases

	<p>s47E(d)</p> 	
3	<p>If you have identified related open cases, you should proceed to SOPs 7.1, 7.2 and 7.3 for next steps.</p>	
Outcome	Information – Existing open cases have been identified, and case officers informed.	


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Initial Tip-Off Assessment – Identify the concern

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures you must follow in order to identify and classify the concern according to the information provided in the tip-off, noting that these may change after analysis of the concern is undertaken
Relates to	This SOP relates to <i>Tip-Off Triaging Action 2 – Initial tip-off assessment</i>
Step	Action
1	<p>s47E(d)</p> <p>[REDACTED], you will need to categorise compliance concerns under one of the following 10 headings:</p> <ul style="list-style-type: none">• Service not provided <p>s47E(d)</p> <p>[REDACTED]</p> <p>Note: PBID may not be the appropriate jurisdiction when treating the compliance concern – see SOP 4.2</p>

Initial Tip-Off Assessment – Identify the concern

2	<p>Service not provided: Use this when processing an allegation that a service/s was/were never provided to a patient.</p> <p>s47E(d)</p>  <p>THIS DOCUMENT HAS BEEN RELEASED UNDER THE FREEDOM OF INFORMATION ACT / BY THE DEPARTMENT OF HEALTH AND AGED CARE</p>	<p>Before a tip-off becomes a case for treatment, analysis is undertaken to determine if the concern is a valid compliance concern relating to the Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS), Child Dental Benefits Schedule (CDBS), and Health related incentive programs.</p> <p>This requires assessment of the concern to determine if it falls within the jurisdiction of the Department of Health and can be effectively treated by Provider Integrity Benefits Division (PBID).</p>
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Initial Tip-Off Assessment – Identify the concern

s47E(d)

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Initial Tip-Off Assessment – Identify the concern

s47E(d)

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Initial Tip-Off Assessment – Identify the concern

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Initial Tip-Off Assessment – Identify the concern

s47E(d)

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Initial Tip-Off Assessment – Identify the concern

	<p>s47E(d)</p> 	
3	<p>When an allegation is received, the Preliminary Analysis Section (PAS) needs to determine whether the legislation and/or data support a concern - see SOP 10.2 – Obtain Supporting Data.</p> <p>Note: Data alone does not always validate the concern/s, although it may indicate there could be <i>some</i> validity in the concern/s. Other supporting analysis tools include relevant legislation; guidelines; internet; and environmental scanning.</p>	<p>Data sources</p> <p>s47E(d)</p> 

Initial Tip-Off Assessment – Identify the concern

4	<p>Finally, you will need to ask yourself whether the concern can be effectively treated by an Operations treatment team: Professional Review Section (for PRP), Investigations, Audit or Targeted Campaigns.</p> <p>If in doubt, ask your colleagues and supervisor, or consult the treatment teams for advice.</p> <p>Where insufficient information is available to enable treatment of the concern, the tip-off should be NFAed.</p>	<p>For referral of the concern to:</p> <ul style="list-style-type: none">• Professional Review Section - see SOP 15.3 to 18.1 (in progress)• Investigations – see SOP 13.1 to 14.2• Audit – see SOP 27.1 (not started)• Targeted Campaigns – see SOP 26.1 (not started)
Outcome	Information – the tip-off concern is correctly identified.	

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Initial Tip-Off Assessment – Identify the subject/s

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures you must follow in order to identify the subject/s of the tip-off.
Relates to	This SOP relates to <i>Tip-Off Triaging Action 2 – Initial tip-off assessment</i>
Step	Action
1	<p>Formal identification of the subject/s of a tip-off is essential for progression of the matter to treatment. This would require you to identify one or more of the following:</p> <ul style="list-style-type: none">• Subject/s' name;• Practice/pharmacy address;• Reference Type• Reference Number;• Provider Group;• Provider Specialty; and/or• Provider Sub Specialty.

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Initial Tip-Off Assessment – Identify the subject/s

2

Informants will generally name the subject of their allegation. However, some will report an issue regarding a class of persons in general (eg urgent after hours doctors). While these might represent a genuine compliance concern, they may be more appropriately addressed by Provider Strategy Section or Policy and Reporting Section or by a business area outside of PBID. For further guidance see:

- *Tip-Off Triaging Action 4 – Is the identified concern a valid concern for treatment by Department of Health?*
- *Tip-Off Triaging Action 5 – Is another jurisdiction more appropriate for managing the issue identified?*
- *Tip-Off Triaging Action 6 – Agreed protocols for referral to other jurisdictions*

Sometimes the informant will provide a phonetic name; for example, s47F [REDACTED] Where, after exhausting all analytical lines of enquiry, you have been unable to formally identify the entity, create the case around the phonetic name, but ensure that you note in the issue description or a case note that the subject is 'As spelt on

The purpose of identifying the subject is to reduce ambiguity as far as possible.

Subject/s' name: The subject may be a person, pharmacy or an organisation. The name should appear as it does on a government database. s47E(d) [REDACTED]

[REDACTED] For subjects not listed on those systems such as businesses or hospitals, use the [Australian Business Register](#) or other Internet searches to assist in distinguishing between similar sounding entities and clarifying spelling.

s47E(d) [REDACTED]

Initial Tip-Off Assessment – Identify the subject/s

	<p>informant submission' or 'phonetic – spelling unknown'. If, at a later date, the subject's exact identity is determined, contact HC Support to get the name of the case changed.</p> <p>Ensure you select the correct provider stem by matching the provider's location as given in the tip-off to a provider location number s47E(d) .</p> <p>If, after exhausting all lines of enquiry and consulting with your colleagues and supervisor, you cannot identify a subject at all, refer to <i>SOP 3.1 – Subject of the tip-off identified</i>.</p>	s47E(d)
Outcome	Information – the subject of the tip-off has been identified.	

Initial Tip-Off Assessment – Identify the relevant program

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures you must follow in order to identify the program to which the tip-off is relevant.	
Relates to	This SOP relates to <i>Tip-Off Triaging Action 2 – Initial tip-off assessment</i>	
Step	Action	
1	<p>Having assigned a tip-off to yourself in accordance with the SOP 1.1, 1.2 and 1.3 of <i>Tip of Triaging Action 1 – Tip-Off Allocation</i>, you will need to create a Fraud Hotline Input (FHI) in accordance with <i>QRG 3.1 Create FHL Input record</i> to record the tip-off s47E(d) .</p>	<p>This will require you to select which program the tip-off relates to from one of the following:</p> <ul style="list-style-type: none"> Medicare Pharmaceutical Benefits Scheme Child Dental Benefits Schedule Aged Care Program Australian Childhood Immunisation Register Compensation Recovery Continence Aids Payment Scheme External Breast Prostheses Reimbursement Program Family Assistance Office Fifth Community Pharmacy Agreement Program General Practice Immunisation Incentive Register Hearing Services LPG Vehicle Scheme Medical Indemnity Medical Indemnity for Midwives Medicare Teen Dental Plan Mental Health Nurse Incentive Other value not listed Practice Incentive Program Practice Nurse Incentive Program Private Health Insurance Rebates (PHIR) Rural Programs Special Assistance Program

Initial Tip-Off Assessment – Identify the relevant program

2	<p>If the tip-off relates to an allegation about a health practitioner (GP, specialist or allied health provider) or their representative (eg practice manager or medical practice staff), and the behaviour results in an incorrect payment of benefit in respect of an item/s from the Medicare Benefit Schedule, 'Medicare' should be selected as the program.</p> <p>If the tip-off relates to an allegation about an approved supplier (pharmacist) or a person associated with an approved supplier, and that behaviour results in an incorrect payment of benefit under the Pharmaceutical Benefits Scheme, then 'Pharmaceutical Benefits Scheme' should be selected.</p> <p>However, if the pharmaceutical issue appears to be related to the prescriber, then the subject of the tip-off should be the prescriber, and the program should be selected as 'Medicare'. Also, if the tip-off relates to the supply of a prescribed medicine from an unauthorised pharmacy, the program should be selected as 'Fifth Community Pharmacy Agreement Program'.</p> <p>If the tip-off relates to allegations of improper claiming by a dentist in respect of the Child Dental Benefits Schedule (CDBS), then select the program as 'Child Dental Benefits Schedule'.</p>	<p>Note: Tip-offs will not necessarily fit neatly into a particular program. For example, some may involve aspects of non-compliance across both Medicare and the Pharmaceutical Benefits Scheme. In such matters, select the program you feel will best reflect the likely focus of any subsequent compliance treatment.</p> <p>Some matters will lie outside the scope of compliance treatment by Provider Benefit Integrity Division. For further guidance see:</p> <ul style="list-style-type: none"> • <i>Tip-Off Triaging Action 4 – Is the identified concern a valid concern for treatment by Department of Health?</i> • <i>Tip-Off Triaging Action 5 – Is another jurisdiction more appropriate for managing the issue identified?</i> • <i>Tip-Off Triaging Action 6 – Agreed protocols for referral to other jurisdictions</i>
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Initial Tip-Off Assessment – Identify the relevant program

Outcome	Decision – the alleged non-compliance has been categorised under the relevant program.
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Tip-off Allocation – Analyst will assign the tip-off to themselves

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures you must follow in order to assign a tip-off to yourself.	
Relates to	This SOP relates to <i>Tip-Off Triaging Action 1 – Tip-off allocation</i>	
Step	Action	
1	With the exception of priority tip-offs treated in accordance with <i>Standard Operating Procedure 1.1 – Priority Tip-offs</i> , tip-offs should be assigned to analysts in the chronological order they were received.	
2	<p>With responsibility for conducting compliance in relation to health providers, Provider Benefit Integrity Division (PBID) needs to ensure all tip-offs are processed in a timely manner.</p> <p>This requires that tip-offs received via Fraud Hotline Inputs (FHI) from the Call-Centre and via the Provider Benefits Integrity Mailbox must be actioned regardless of complexity, ambiguity, low value, or questions of relevance.</p>	<p>s47E(d)</p>  <p>Tip-offs received via the Provider Benefits Integrity Mailbox should be selected for action on the basis of when the tip-off was received; that is, you should select the oldest uncategorised tip-off email and right click to mark it under your colour (check that the issue is not related to earlier tip-offs already being processed by another analyst).</p>

Tip-off Allocation – Analyst will assign the tip-off to themselves

OUTCOME

Information	The tip-off has been assigned to an analyst for assessment.
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Tip-Off Triage Decision Tree

1. Is the allegation a compliance or professional concern?	No	Close – NFA <ul style="list-style-type: none">Not a BIDHD compliance issue orInsufficient information to identify risk	
Yes			
2. Is BIDHD the most appropriate jurisdiction to deal with it?	No	Close – NFA <ul style="list-style-type: none">Referred within Department of Health orReferred to Department of Services Australia – public matter orReferred to other jurisdiction	
Yes			
3. Is the Initiator / Subject of the tip-off able to be identified?	No	Close NFA <ul style="list-style-type: none">Subject of tip-off cannot be identified <p>(Referral to s47E(d) may be warranted in some situations.)</p>	
Yes			
4. Can the allegation be substantiated?	No	Close – NFA <ul style="list-style-type: none">Allegation not substantiated <p>(Referral to s47E(d) may be warranted in some situations.)</p>	
Yes			
5. Is there evidence / allegation of non-provision / non-supply?	Yes	6. Is there already an open case for the same Initiator / Subject of the tip-off?	NoInvestigations <ul style="list-style-type: none">Evidence / allegation of non-provision / non-supply
No (Go to Q10)	Yes	7. Is the open case an Investigations Case?	
		Yes	Add to existing case; contact Case Officer if case is already allocated.
s22, s47E(d)			

s22

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TIP-OFF CASE FLOW REPORT

PURPOSE

The purpose of this document is to provide an update to the Case Flow Committee (CFC) in relation to the tip-off case flow and the progressive iteration of this report. The aim of the tip-off reporting is to support the committee's oversight and decision making in relation to case flow.

UPDATE

The CFC Tip-Off Report is attached. Attachment 1 contains the high-level tip-off case flow information and Attachment 2 contains the more detailed case flow information.

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ATTACHMENT 1 – HIGH LEVEL TIP-OFF CASE FLOW**TABLE 1 – HIGH LEVEL CASE FLOW BY TREATMENT TYPE – ROLLING 12 MONTHS**

The following table reports the number of new cases allocated to each section in the last 12 months (1 November 2021 to 31 October 2022), the number of cases on hand (as of 1 November 2022), and the number of cases closed / completed in the last 12 months.

Treatment Type	Cases NEW
Investigations	271

TABLE 2 – HIGH LEVEL CASE FLOW BY TREATMENT TYPE – OCTOBER

The following table reports the number of new cases allocated to each section and the number of cases closed / completed during the month of October 2022.

Treatment Type	New Cases
Investigations	15

TABLE 3 – TIP-OFF CASE OUTCOME OF CDPP Referral – ROLLING 12 MONTHS

Treatment Type	CDPP
Investigations	4

ATTACHMENT 2 – TIP-OFF CASE FLOW REPORT

TIP-OFF REPORT for CFC - ROLLING 12 MONTHS TO OCTOBER 2022															
s22															
NEW CASES BY RECOMMENDED TREATMENT TYPE															
Treatment Type	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Total	Avg	
s22															
Investigations	19	35	17	14	21	16	34	28	16	29	27	15	271	23	
s22															

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TIP-OFF CASE FLOW REPORT

PURPOSE

The purpose of this document is to provide an update to the Case Flow Committee (CFC) in relation to the tip-off case flow and the progressive iteration of this report. The aim of the tip-off reporting is to support the committee's oversight and decision making in relation to case flow.

UPDATE

The CFC Tip-Off Report is attached. Attachment 1 contains the high-level tip-off case flow information and Attachment 2 contains the more detailed case flow information.

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ATTACHMENT 1 – HIGH LEVEL TIP-OFF CASE FLOW**TABLE 1 – HIGH LEVEL CASE FLOW BY TREATMENT TYPE – ROLLING 12 MONTHS**

The following table reports the number of new cases allocated to each section in the last 12 months (1 October 2021 to 30 September 2022), the number of cases on hand (as of 1 October 2022), and the number of cases closed / completed in the last 12 months.

Treatment Type	Cases NEW	s22
s22		
Investigations	280	
s22		

TABLE 2 – HIGH LEVEL CASE FLOW BY TREATMENT TYPE – SEPTEMBER

The following table reports the number of new cases allocated to each section and the number of cases closed / completed during the month of September 2022.

Treatment Type	New Cases	s22
s22		
Investigations	27	
s22		

ATTACHMENT 2 – TIP-OFF CASE FLOW REPORT

TIP-OFF REPORT for CFC - ROLLING 12 MONTHS TO SEPTEMBER 2022

s22

NEW CASES BY RECOMMENDED TREATMENT TYPE

Treatment Type	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total	Avg
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s22

Investigations	16	26	36	15	14	21	16	35	28	16	30	27	280	23
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TIP-OFF CASE FLOW REPORT

PURPOSE

The purpose of this document is to provide an update to the Case Flow Committee (CFC) in relation to the tip-off case flow and the progressive iteration of this report. The aim of the tip-off reporting is to support the committee's oversight and decision making in relation to case flow.

UPDATE

The fourth iteration of the CFC Tip-Off Report is attached. Attachment 1 contains the high-level tip-off case flow information and Attachment 2 contains the more detailed case flow information.

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ATTACHMENT 1 – HIGH LEVEL TIP-OFF CASE FLOW**TABLE 1 – HIGH LEVEL CASE FLOW BY TREATMENT TYPE – ROLLING 12 MONTHS**

The following table reports the number of new cases allocated to each section in the last 12 months (1 September 2021 to 31 August 2022), the number of cases on hand (as of 1 September 2022), and the number of cases closed / completed in the last 12 months.

Treatment Type	New Cases	s22
s22		
Investigations	279	
s22		

TABLE 2 – HIGH LEVEL CASE FLOW BY TREATMENT TYPE – AUGUST

The following table reports the number of new cases allocated to each section and the number of cases closed / completed during the month of August 2022.

Treatment Type	New Cases	s22
s22		
Investigations	30	
s22		

ATTACHMENT 2 – TIP-OFF CASE FLOW REPORT

TIP-OFF REPORT for CFC - ROLLING 12 MONTHS TO AUGUST 2022														
s22														
NEW TIP-OFF CASE CREATION														
NEW CASES BY RECOMMENDED TREATMENT TYPE														
Treatment Type	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total	Avg
s22														
Investigations	23	16	26	36	17	14	21	16	36	28	16	30	279	23
s22														

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ATTACHMENT 3 – TIP-OFF CHANNEL ANALYSIS

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New Tip-Off Cases by Treatment Type and Channel

	Webform	Email	Phone
s22			
Investigation	144 (19%)	63 (20%)	72 (27%)
s22			

s22

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TIP-OFF CASE FLOW REPORT

PURPOSE

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ATTACHMENT 1 – HIGH LEVEL TIP-OFF CASE FLOW**TABLE 1 – HIGH LEVEL CASE FLOW BY TREATMENT TYPE – ROLLING 12 MONTHS**

The following table reports the number of new cases allocated to each section in the last 12 months (1 August 2021 to 31 July 2022), the number of cases on hand (as of 1 August 2022), and the number of cases closed / completed in the last 12 months.

Treatment Type	New Cases	s22
s22		
Investigations	279	
s22		

TABLE 2 – HIGH LEVEL CASE FLOW BY TREATMENT TYPE – JULY

The following table reports the number of new cases allocated to each section and the number of cases closed / completed during the month of July 2022.

Treatment Type	New Cases	s22
s22		
Invest	16	
s22		

ATTACHMENT 2 – TIP-OFF CASE FLOW REPORT

TIP-OFF REPORT for CFC - ROLLING 12 MONTHS TO 31 JULY 2022

s22

NEW CASES BY RECOMMENDED TREATMENT TYPE

Treatment Type	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	FYTD	Avg
s22														
Invest	26	23	16	29	36	17	14	21	16	36	29	16	279	23
s22														

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TIP-OFF REPORTING – PROTOTYPE FOR CFC

PURPOSE

The purpose of this document is to provide an update to the Case Flow Committee (CFC) in relation to tip-off reporting and to provide some extra information for the completed financial year (2021-22). The aim of the tip-off reporting is to support the committee's oversight and decision making in relation to case flow.

UPDATE

The second iteration of the CFC Tip-Off Report is provided as Attachment 2. This report has been updated to include the number of non-compliant outcomes for tip-off cases.

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TABLE 1 – HIGH LEVEL CASE FLOW BY TREATMENT TYPE

The following table reports the number of new cases allocated to each section in the last financial year (2021-22), the number of cases on hand (as of 1 July 2022), and the number of cases closed / completed in the last financial year (2021-22).

Treatment Type	New Cases
Invest	269

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TIP-OFF REPORT for CFC FY 2021-22

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NEW CASES BY RECOMMENDED TREATMENT TYPE

Treatment Type	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FYTD	Avg
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Invest	19	26	23	16	31	36	17	15	20	17	36	13	269	41
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TIP-OFF REPORTING – PROPOSAL AND PROTOTYPE

PURPOSE

The purpose of this document is to propose to the Case Flow Committee (CFC) an approach to reporting on tip-offs that will support the committee's oversight and decision making in relation to case flow.

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TIP-OFF REPORT for FY21/22 - MAY

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NEW CASES BY RECOMMENDED TREATMENT TYPE

Treatment Type	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FYTD	Avg
Invest	19	27	24	16	33	36	17	17	21	18	36		264	24

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Concern assessment – Non-provision of billed Medicare services

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures you must follow to determine whether a compliance concern of non-provision of a Medicare service has occurred.	
Relates to	This SOP relates to <i>Tip-Off Triaging Action 13 – Non-supply or non-provision?</i>	
Summary	<p>This SOP provides guidance for analysts to determine if the tip-off allegation is non-provision, which warrants referral to Investigations Section, or is more appropriately treated by another Operations Team.</p> <p>s47E(d)</p>	
Step	Action	
1	Once a tip-off concern has been analysed, a decision can be made on whether there is a compliance concern of non-provision of a billed MBS or CDBS service.	
2	<p>A compliance concern that relates to any of the non-provision indicators and is confirmed by data (see Tip-Off Triaging - SOP 10.2 - Concern Assessment - Obtain supporting data - v1.0 for procedure on obtaining data) can be referred to the Investigation team. See Tip-Off Triaging - SOP 14.2 - Refer to Investigations Section - v2.0.</p>	<p><u>Non-provision may be indicated where the practitioner has billed for</u></p> <ul style="list-style-type: none"> • Services when the patient or their family members have not had a service or attended the practice on the date of service; • Services when either the patient or practitioner* was not in Australia on the date of service**;

- Services where the date of service is after the patient’s date of death, including where a bulk billed claim was submitted after the patient’s date of death;
- Services when the patient has relocated (especially interstate) and is no longer a patient of the practice;
- Billing for services as part of Team Care arrangements (e.g. psychology, podiatry, etc), up to the maximum number available, without the services having been provided;
- Services billed under the Provider Number of a practitioner without that practitioner being aware***.

s47E(d)



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3

A distinction must be made between allegations which relate to up-coding and/or services not meeting item descriptor requirements and those allegations which are non-provision.

Non-provision for the purposes of referral to Investigations Section does **NOT** include billing for MBS or CDBS services that were not rendered where the patient and/or immediate family member has

- Attended the practice on the day of the billed service, or
- Had a telephone interaction with the practice on the day of the billed service, including unsolicited cold calls, or
- Cancelled a booked appointment with the practitioner.

The following scenarios are more indicative of inappropriate practice:

- Over servicing – claiming extra services or providing services that are not clinically necessary.
- Up-coding and/or billing for additional services without the informed consent of the patient.
- Claiming from cancelled appointments.
- Billing for multiple attendees (family members/ aged care).

In such scenarios, the concern is not that a service was not provided but that the service failed to comply with the MBS or CDBS Item descriptor requirements.

Concern assessment – Non-provision of billed Medicare services

4	If the compliance concern does not relate to non-provision of a billed MBS or CDBS service, it may relate to inappropriate practice or provider/practice staff fraud or public fraud.	Tip-Off Triaging - SOP 13.3 - Concern Assessment - Provider or Practice Staff Fraud or Public Fraud - v1.1 Draft Tip-Off Triaging - SOP 15.3 - Inappropriate Practice - Principles for referral for Practitioner Review Program (PRP) - v1.3
5	Where the information available does not allow for the analyst to make a determination as to whether or not the concern is likely to be non-provision, the analyst should consult with their Team Leader.	Where the Team Leader has reservations as to the most appropriate treatment option, they should seek advice from Investigations Business Management.
OUTCOME		
Information	A decision has been made on whether the compliance concern relates to non-provision of a Medicare service.	

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Concern assessment – Non-supply of the claimed PBS medicine

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures you must follow to determine whether a compliance concern of non-supply of a PBS medicine has occurred.
Relates to	This SOP relates to <i>Tip-Off Triaging Action 13 – Non-supply or non-provision?</i>
Summary	<p>This SOP provides guidance for analysts to determine if the tip-off allegation is non-supply which warrants referral to Investigations Section or is more appropriately treated by another Operations Team.</p> <p>Non-supply is defined as claiming for supply of PBS medicines where either nothing was supplied or where something other than the claimed PBS medicine was supplied.</p> <p>s47E(d)</p>


Step	Action
1	Once a tip-off concern has been analysed a decision can be made on whether there is a compliance concern of non-supply of a PBS medicine.
2	<div> <p>A compliance concern that relates to any of the non-supply indicators and is confirmed by data (see Tip-Off Triaging - SOP 10.2 - Concern Assessment - Obtain supporting data - v1.0) can be referred to the Investigation team. See Tip-Off Triaging - SOP 14.2 - Refer to Investigations Section - v2.0.</p> </div> <div> <p><u>Non-supply of a PBS medicine is indicated where the Approved Supplier has claimed for supply of PBS medicines</u></p> <ul style="list-style-type: none"> Where the PBS medicine was not supplied (non-supply) – including using up unused repeat authorisations belonging to deceased or vulnerable/elderly patients s47E(d) ; Where something other than the claimed PBS medicine was supplied in exchange for the PBS prescription s47E(d) ; </div>

- Based on manufactured repeat authorisations and deferred supply repeat authorisations;
- Based on fabrication where no prescription exists;
- After the person's date of death;
- For items added to the prescription or Emergency Supply Order Form or increases to the quantity or repeats prescribed.

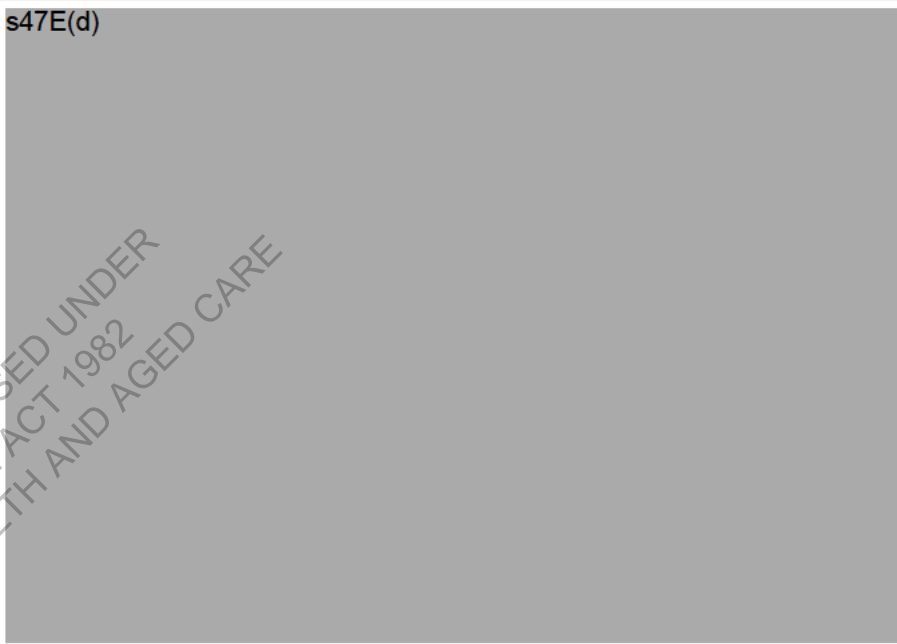
The following allegations and/or PBS claims data issues may be indicative of non-supply:

- Very high levels of script discounting (potentially \$0 retail charge to customer) and the dispensing of multiple repeat authorisations for the same medicine on the same day.
- Patients noticing inconsistencies in their dispensed medicines list in their *My Health Record*.
- Reports of prescriptions being dispensed without the request of the patient or their agent and the dispensing labels not being affixed to the medicine, but filed or destroyed.
- Discrepancies between the items listed on a patient's PBS Safety Net Record and their Medical Chart.
- Examples of concurrent supply: such as medicines from the same class, or different strengths of the same medicine, being supplied together.

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		<ul style="list-style-type: none">• Claims for supply of a sole therapy medicine where another medicine from the same class is also being claimed as being supplied. <p>s47E(d)</p> 
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3	<p>A distinction must be made between allegations which relate to poor administrative practices, or inappropriate excessive supply, and those allegations which suggest non-supply.</p>	<p>s47E(d)</p> 
4	<p>If the compliance concern does not relate to non-supply of the PBS medicine, it may relate to inappropriate prescribing or provider/practice (including pharmacy) staff fraud or public fraud.</p>	<p>Tip-Off Triaging - SOP 15.3 - Inappropriate Practice - Principles for referral for Practitioner Review Program (PRP) - v1.3</p> <p>Tip-Off Triaging - SOP 13.3 - Concern Assessment - Provider or Practice Staff Fraud or Public Fraud - v1.1 Draft</p>

5	Where the information available to the analyst is ambiguous, the analyst should consult with a Tip-Off Assessment Team PBS Subject Matter Expert (SME).	Where the Tip-Off Assessment Team PBS SME has reservations as to the most appropriate treatment option, they should seek advice from an Investigations Pharmacist Team Leader.
OUTCOME		
Information	A decision has been made on whether the compliance concern relates to non-supply of a PBS medicine.	

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Concern assessment – Provider/Practice Staff Fraud or Public Fraud

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures you must follow to determine whether a compliance concern relates to provider/practice staff or public fraud.	
Relates to	This SOP relates to <i>Tip-Off Triaging Action 13 – Non-supply or non-provision?</i>	
Summary	<p>This SOP provides guidance for analysts to determine if the tip-off allegation is an allegation of provider/practice staff fraud, which warrants referral to Investigations Section, or is a s22 [REDACTED]</p> <p>Allegations relating to fraud by provider/practice staff include billing for services not provided, double billing and re-directing payments to their own bank accounts. Such allegations should be directed to Investigations Section in the first instance.</p> <p>Where the allegations relate to public fraud, including falsifying receipts for a Medicare claim or information relating to Centrelink or other payments, the informant should be re-directed to the relevant jurisdiction.</p>	
Step	Action	
1	Once a tip-off concern has been analysed a decision can be made on whether there is a compliance concern that relates to provider/practice staff fraud or public fraud.	
2	<p>A compliance concern that relates to any of the provider/ practice staff fraud indicators and is confirmed by data (see Tip-Off Triaging - SOP 10.2 - Concern Assessment - Obtain supporting data - v1.0) can be referred to the Investigation team. See Tip-Off Triaging - SOP 14.2 - Refer to Investigations Section - v2.0.</p>	<p><u>Provider/practice staff fraud</u> occurs where services are billed by provider/practice staff for the purpose of the benefits being assigned to themselves and can take the form of:</p> <ul style="list-style-type: none"> • Billing for services not provided; • Double billing services – private billing and bulk-billing for the same service;

Concern assessment – Provider/Practice Staff Fraud or Public Fraud

		<ul style="list-style-type: none">• Billing services for patients without appointments, including identity fraud;• s47E(d)• s47E(d) <p><u>Provider/practice staff fraud may be indicated where:</u></p> <ul style="list-style-type: none">• Patients, or their agents, identify services which have not been rendered*;• s47E(d)• s47E(d)• s47E(d) <p>s47E(d)</p>
3	<p>If the compliance concern does not relate to provider/ practice staff fraud, it may relate to public fraud.</p> <p>s47E(d)</p>	<p>s47E(d)</p>

Concern assessment – Provider/Practice Staff Fraud or Public Fraud

		s47E(d)
4	Where the issue has public harm implications, whether or not there are contact details for the informant:	<ol style="list-style-type: none">1. Create a Fraud Hotline Input (FHI) record if there is no FHI already.2. s47E(d)3. Refer to the relevant jurisdiction.4. Close FHI – NFA – Referred to other jurisdiction.5. File email as usual, including saving a copy of the referral email in s47E(d)


Concern assessment – Provider/Practice Staff Fraud or Public Fraud

5	Where the issue is NOT a BIDHD compliance concern or a potential public harm concern, the tip-off is received via email or webform , and there are email contact details for the informant:	s47E(d)
6	Where the issue is NOT a BIDHD compliance concern or a potential public harm concern, the tip-off is received via the Contact Centre , and there are email contact details for the informant:	
7	Where the issue is NOT a BIDHD concern or a potential public harm concern, the tip-off is received via email or webform , and there are no email contact details for the informant:	
8	Where the issue is NOT a BIDHD concern or a potential public harm concern, the tip-off is received via the Contact Centre , and there are no email contact details for the informant:	

Concern assessment – Provider/Practice Staff Fraud or Public Fraud

9	If the compliance concern does not relate to provider/practice staff fraud or public fraud, it may relate to provider non-provision, non-supply or inappropriate practice.	Tip-Off Triaging - SOP 13.1 - Concern Assessment - Non-provision of billed services - v1.1 Draft Tip-Off Triaging - SOP 13.2 - Concern Assessment - Non-supply of the claimed PBS medicine - v1.1 Draft Tip-Off Triaging - SOP 15.3 - Inappropriate Practice - Principles for referral for Practitioner Review Program (PRP) - v1.3.
10	Where the information available does not allow for the analyst to make a determination as to whether or not the concern is likely to be non-provision, the analyst should consult with their Team Leader.	Where the Team Leader has reservations as to the most appropriate treatment option, they should seek advice from Investigations Business Management.
OUTCOME		
Information	A decision has been made on whether the compliance concern relates to provider/practice staff or public fraud.	

INTRODUCTION

Purpose	This Standard Operating Procedure (SOP) outlines the procedures you must follow where a tip-off raises issue/s of potential non-compliance which may be of interest to other health stakeholders, or which may fall under the auspices of another jurisdiction.	
Relates to	This SOP relates to <i>Tip-Off Triaging Action 6 – Agreed protocols for referral of issues to other health stakeholders, including sections internal to Department of Health, and external jurisdictions.</i>	
Step	Action	
1	Confirm with the team leader/supervisor that the issue is suitable for referral to the Department of Veterans' Affairs (DVA).	<p>Benefits Integrity Division (BID) is not responsible for compliance activity in regard to:</p> <ul style="list-style-type: none"> DVA Compliance in relation to billing DVA customers/claims - fraud.tipoff@dva.gov.au or 133 254
2	<p>Prepare an email setting out the elements of the concern.</p> <p>Check the proposed wording of the concern with your team leader/supervisor.</p>	
3	Send the email from the Provider Benefits Integrity email box, changing the signature block to reflect only your first name and the generic address.	<p>Your first name</p> <p>Benefits Integrity Division Hotline</p> <p></p> <p>Australian Government Department of Health and Aged Care</p> <p>Submit tip-off online at:</p> <p>Health provider related tip-offs page</p> <p>or</p> <p>T: 1800 314 808 Health Provider Compliance Tip-off Line between 8:30am to 5pm AEST Monday to Friday</p> <p>or</p> <p>M: MDP 659, PO Box 9848, Canberra ACT 2601, Australia</p>

Referral - Department of Veterans' Affairs (DVA)

4	File a copy of the email in the relevant TRIM Digital File.	<p>The relevant TRIM Digital File will be dependent on whether there is an individual TRIM Digital File for the subject of the tip-off.</p> <ul style="list-style-type: none"> Where there is an existing individual TRIM Digital File for the subject of the tip-off, the email will be filed here. Where there is no TRIM Digital File for the subject of the tip-off and a concern has been identified for treatment by PBID, a new TRIM Digital File will be set up for the subject of the concern and the email will be filed here.
5	Check s47E(d) for any open cases for the subject of the tip-off.	<p>Where there is an open case s47E(d) for the subject of the tip-off:</p> <ul style="list-style-type: none"> Contact the case officer to advise that a referral has been made to DVA. Add a Case Note to the open case s47E(d) – see QRG 3.5.
6	Monitor the Provider Benefits Integrity email box/FHI Records for any acknowledgement or additional contact.	<p>Where a response is received:</p> <ul style="list-style-type: none"> A copy of any responding email should be filed in the relevant TRIM Digital File as per Step 4.
OUTCOME		
Information	A referral has been made to the Department of Veterans' Affairs.	

1.	Tip-Off Allocation		
Tip-offs are received via a number of different mechanisms: the Fraud Hotline Input (FHI) queue, web-form, email and mail. Each tip-off source is monitored daily. Selection of tip-offs for action is based on agreed protocols.			
	SOP 1.1	Priority tip-offs will always be the first tip-offs selected for action.	s22
	SOP 1.2	Identify compliance concern from media	
	SOP 1.3	Analyst will assign the tip-off to themselves.	
	SOP 1.4	Processing a tip-off received through the Parliamentary Document Management System (PDMS)	
2.	Initial Tip-Off Assessment		
The purpose of initial assessment is to ensure only minimal work is undertaken in order to identify the essential elements required for making a determination that the tip-off should progress to assessment of the concern. Tip-offs may result in identification of more than one programme, subject or concern.			
	SOP 2.1	Identify the relevant programme/s. These include: <ul style="list-style-type: none">• Medicare• Pharmaceutical Benefits Scheme (PBS)• Childhood Dental Benefits Scheme (CDBS)• Incentive Schemes	s22
	SOP 2.2	Identify the subject/s of the tip-off. Identification of the subject of the tip-off requires identification of: <ul style="list-style-type: none">• Subject/s' name• Practice/pharmacy address• Provider Group• Provider Specialty• Provider Sub Specialty• Provider Reference Type and associated Reference Number	s22
	SOP 2.3	Identify and classify the concern according to the information provided in the tip-off, noting that these may change after analysis of the concern is undertaken.	s22
	SOP 2.4	Check for the existence of any open cases s47E(d) for the same subject of the tip-off.	s22

	SOP 2.5	Referral to Provider Strategy Section	s22
3. Has the subject been identified?			
For a tip-off allegation to proceed to treatment, the subject of the tip-offs must be identified. However, there may be occasions where the issue raised in the tip-off is such that, while no case is progressed to treatment, the issue itself may be escalated internally.			
	SOP 3.1	Subject of the tip-off identified	s22
	SOP 3.2	Subject of the tip-off not identified but the concern is an issue that should be escalated within Department of Health.	s22
4. Is the identified concern a valid concern for treatment by Department of Health?			
Not all tip-offs identify issues that are compliance concerns or, compliance concerns which are the jurisdiction of the Department of Health.			
	SOP 4.1	Determining if a concern is a valid compliance concern.	Merged with SOP 2.3
	SOP 4.2	Determining if the Department of Health is the most appropriate jurisdiction for treating the compliance concern.	s22
5. Is another jurisdiction more appropriate for managing the issue identified?			
There are occasions where tip-offs raise issues of potential public harm/safety or issues which are the jurisdiction of another regulatory body.			
	SOP 5.1	Concerns relating to public harm and/or safety.	s22
	SOP 5.2	Concerns where another regulatory body may be more appropriate.	s22
6. Agreed protocols for referral of issues to other health stakeholders, including sections internal to Department of Health, and external jurisdictions.			
In some instances, tip-offs raise issues of potential non-compliance which may be of interest to other health stakeholders, or which may fall under the auspices of another jurisdiction.			
	SOP 6.1	Department of Health – other Divisions	s22
	SOP 6.2	Department of Human Services (DHS)	s22
	SOP 6.3	Department of Veterans’ Affairs (DVA)	s22
	SOP 6.4	Australian Health Practitioner Regulation Agency (AHPRA)	s22
	SOP 6.5	State regulatory jurisdictions <ul style="list-style-type: none">• ACT Human Rights Commission Australian Capital Territory• Health and Community Services Complaints Commission	s22

		(NT) <ul style="list-style-type: none">• Health and Community Services Complaints Commissioner (HCSCC) South Australia• Health and Disability Services Complaints Office (WA)• Health Complaints Commissioner Tasmania• Health Complaints Commissioner (Victoria)• Office of the Health Ombudsman (Queensland)• The Health Care Complaints Commission (NSW)	
	SOP 6.6	State jurisdictions relevant to pharmacy <ul style="list-style-type: none">• Pharmacy Council of New South Wales• Pharmacy Ownership and Premises (ACT)• Pharmacy Premises Committee (NT)• Pharmacy Registration Board of Western Australia• Pharmacy Regulation Authority SA• Queensland Health – Industry licensing and regulation• Tasmanian Pharmacy Authority• Victorian Pharmacy Authority	s22
	SOP 6.7	National Security Hotline	s22
	SOP 6.8	Police	s22
	SOP 6.9	Department of Health – within Provider Benefits Integrity Division	s22
7.	There is an existing open case for the same subject of the tip-off		
s47E(d)			
	SOP 7.1	Confirm the existence of an open case for the same subject of the tip-off.	s22
	SOP 7.2	Existing case; no case officer assigned.	s22
	SOP 7.3	Existing case; case officer assigned.	s22
8.	Case officer for existing open case accepts new concern/tip-off as per agreed principles		

Decisions to treat in conjunction with existing open cases will be made on a case by case basis in conjunction with the case officer and will depend on considerations such as the stage of treatment of the open case and the nature of the concerns.			
	SOP 8.1	Consult with case officer – QRG 3.3	s22
	SOP 8.2	Principles underpinning decisions to treat new tip-off as part of an existing case.	s22
9. Update existing case			
Details of the current tip-off will be added to the existing open case where a decision has been made for both to be treated together.			
	SOP 9.1	Update existing case – QRG 3.4	s22
10. Concern Assessment			
Before a tip-off becomes a case for treatment, analysis is undertaken to determine if the concern can be validated. This requires identification of all the relevant elements; these are dependent on the nature of the concern.			
	SOP 10.1	Identify the nature of the compliance concern.	s22
	SOP 10.2	Analyse the concern.	s22
	SOP 10.3	Confirm that a claim has been made for the service or supply in question, where relevant.	s22
	SOP 10.4	Obtain supporting data.	s22
	SOP 10.5	Create Fraud Hotline Input (FHI) – QRG 3.1	s22
	SOP 10.6	Summarise issue for s47E(d)	s22
	SOP 10.7	Find existing TRIM eFile for the subject of the tip-off or create new TRIM eFile.	
	SOP 10.8	File all relevant documents.	
s47E(d)			
	SOP 11.1	Corroborate compliance concern/s.	s22
s47E(d)			

s47E(d)

13. Does the allegation relate to non-provision or non-supply?			
Where the allegation pertains to non-provision or non-supply (fraud), the case is referred to the Investigations Section.			
s47E(d)			
	SOP 13.1	Non-provision of claimed services.	s22
	SOP 13.2	Non-supply of the claimed PBS medicine.	s22
	SOP 13.3	Fraud.	s22
14. Referral for analysis and/or treatment by Investigations Section			
Preliminary Analysis and Investigations Sections have agreed/ to agree principles for referral of tip-off concerns for analysis and/or treatment by Investigations Section.			
	SOP 14.1	Principles for referral to Investigations Section.	s22
	SOP 14.2	Refer to Investigations Section.	s22
15. Are there indicators to support allegations of inappropriate practice?			
Where there are indicators to support allegations of inappropriate practice sufficient for referral to the Practitioner Review Programme (PRP), the tip-off will be referred to the Professional Review Section.			
Tip-offs may follow two paths at this point:			
<ol style="list-style-type: none"> 1. Referral for PRP only, or 2. Referral for PRP and concurrent referral for other treatment, either as an individual case for treatment by Audit or Targeted Campaigns or as an issue that is suitable to be included for treatment as a batch. 			
	SOP 15.1	Review the s47E(d) .	s22

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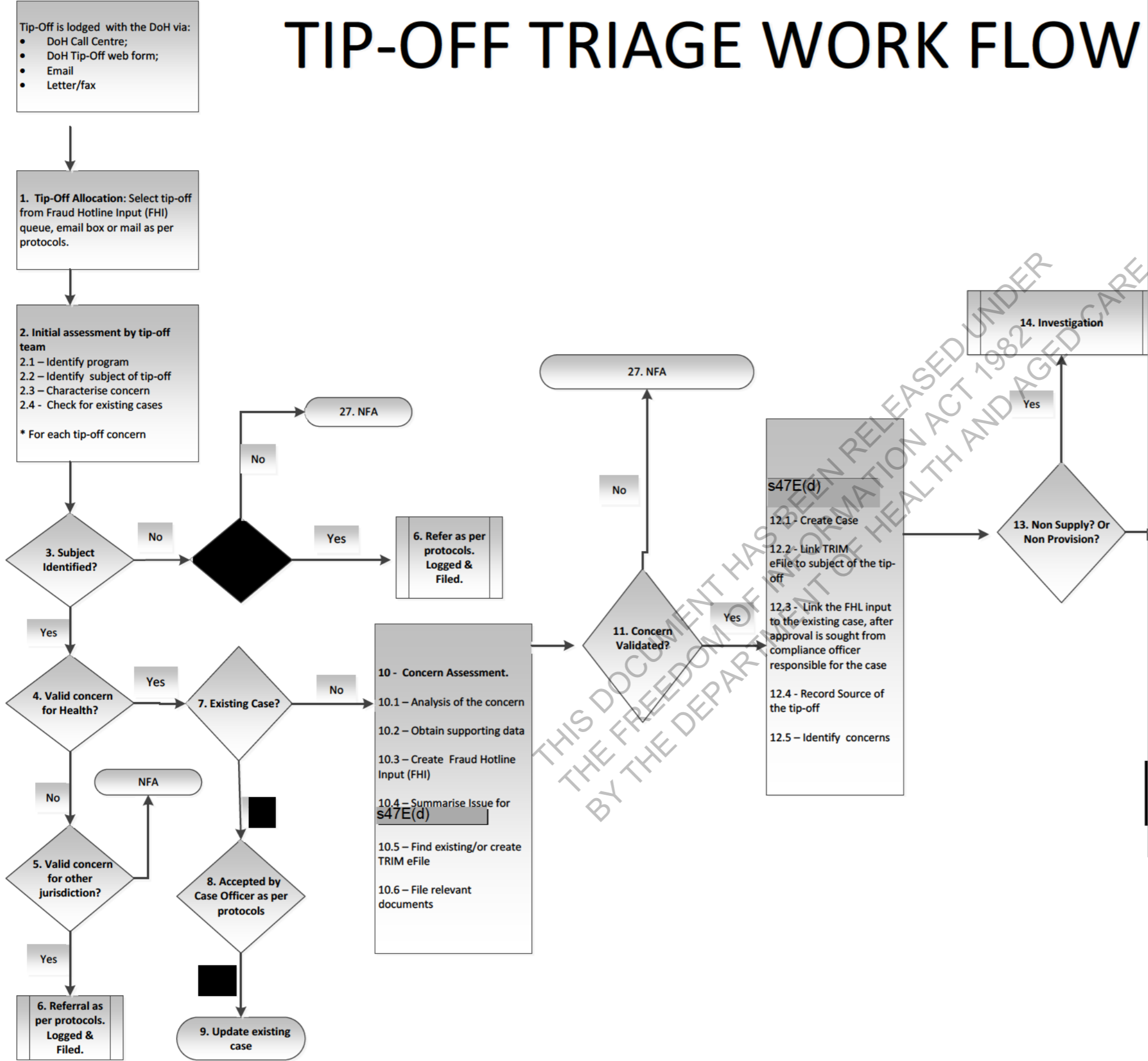
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28.	Recommendation to Close – No Further Action (NFA)		
At various stages throughout the analysis of the tip-offs and the concerns identified by the tip-offs, the analyst will determine that no treatment is warranted.			
	SOP 28.1	List reasons for NFA decision.	D17-2893765
	SOP 28.2	Close FHI – QRG 3.7.	D18-378115

s22

TIP-OFF TRIAGE WORK FLOW



27 May 2020

s22

1. Investigation Statistics

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	Tip offs received	Tip offs received
	Dec 2021	FYTD
	34	134
	1	26
	2	2
Total	37	162

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Tip offs
received

Tip offs
received

s22

s22	Apr 2022	FYTD	s22
	11	196	
	2	35	
	0	2	
Total	13	233	

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Tip offs

Tip offs

s22

s22	received	received	s22
	Feb 2022	FYTD	
	13	163	
	7	35*	
	0	2	
Total	20	200*	

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1. Investigation Statistics

s22

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s22	Tip offs received	Tip offs received	s22
	Jan 2022	FYTD	
	16	150	
	4	29	
	0	2	
	Total	20	181*

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Tip offs

Tip offs

s22

s22	received	received	s22
	Nov 2021	FYTD	
	30	100	
	3	25	
	0	0	
	Total	33	125

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s22	Tip offs received	Tip offs received	s22
	August 2022	FYTD	
	28	43	
	3	9	
	0	1	
Total	31	53	

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BY THE DEPARTMENT OF HEALTH AND AGED CARE

To: Daniel McCabe
First Assistant Secretary,
Benefits Integrity and Digital Health Division

SUBJECT: Health Provider Fraud Section Significant Case Update - July 2022

Purpose

To provide an update on current and upcoming activities being conducted by the Health Provider Fraud Section (the Section), cases of significance under investigation, current strategic priorities and outcomes achieved in the 2021/22 financial year.

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Health Provider Fraud Section Statistics

The tables below are an overview of the Section’s work position and activities for the 21/22 FY as of 30 June 2022.

s22

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Tip offs received	Tip offs received
June 2022	FYTD
29	245
3	45
1	3
Total	33
	293

s22

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To: Paul McBride
First Assistant Secretary,
Benefits Integrity and Digital Health Division

From: s22
Acting Assistant Secretary,
Compliance Enforcement and Professional Review Branch

SUBJECT: Health Provider Fraud Section (HPFS) Significant Case Update – Q2 of 2022/23 Financial Year and Q2 HPFS Dashboard

Purpose

To provide an update on current and upcoming activities being conducted by the HPFS and significance cases under investigation, current strategic priorities and outcomes progressed during the 2022/23 financial year; this Report is for the Q2 Reporting Period.

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Health Provider Fraud Section Statistics

The tables below are an overview of the work position and activities for the 22/23 FY as at 31 December 2022.

s22

s22	Tip offs received	Tip offs received	s22
	Q2	FYTD	
	48	123	
	8	22	
	0	1	
Total	56	146	

To: Daniel McCabe
First Assistant Secretary,
Benefits Integrity and Digital Health Division

From: s22
Ag Assistant Secretary,
Compliance Enforcement and Professional Review Branch

SUBJECT: Health Provider Fraud Section (HPFS) Significant Case Update – Q1 of 2022/23 Financial Year and Q1 HPFS Dashboard

Purpose

To provide an update on current and upcoming activities on cases of significance under investigation by the HPFS; current strategic priorities and outcomes progressed during the 2022/23 financial year; this Report (and Dashboard) is for the Q1 Reporting Period.

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Health Provider Fraud Section Statistics

The tables below are an overview of the work position and activities for the 22/23 FY as at 30 September 2022
s22

[Redacted Table Content]

s22	Tip offs received	Tip offs received	s22
	Q1	FYTD	
	74	74	
	14	14	
	1	1	
Total	89	89	

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[Redacted Table Content]

To **Stefanie Janiec**
Assistant Secretary,
Compliance Enforcement and Professional Review Branch
Benefits Integrity and Digital Health Division

Through: s22
Director West,
Investigations Section,
Compliance Enforcement and Professional Review Branch

CC: s22
Director East,
Investigations Section,
Compliance Enforcement and Professional Review Branch

SUBJECT: Investigations Section Monthly Update as at 31 August 2021

Purpose

To provide an update on current statistics for the Investigations Section for the month of August 2021.

Investigation Statistics

1. The tables below are an overview of investigations action in the Financial Year 2021/22 as at 31 August 2021.

s22

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s22	Tip offs received	Tip offs received	s22
	August 2021	FYTD	
	27	43	
	5	9	
	0	0	
Total	32	52	

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To **Stefanie Janiec**
Assistant Secretary,
Compliance Enforcement and Professional Review Branch
Benefits Integrity and Digital Health Division

Through: s22
Director West,
Investigations Section,
Compliance Enforcement and Professional Review Branch

CC: s22
Director East,
Investigations Section,
Compliance Enforcement and Professional Review Branch

SUBJECT: Investigations Section Monthly Update as at 31 October 2021

Purpose

To provide an update on current statistics for the Investigations Section for the month of **October 2021**.

Investigation Statistics

1. The tables below are an overview of investigations action in the Financial Year 2021/22 as at 31 October 2021.

s22

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s22	Tip offs received	Tip offs received	s22
	Oct 2021	FYTD	
	11	72	
	6	22	
	0	0	
Total	17	94	

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To **Stefanie Janiec**
Assistant Secretary,
Compliance Enforcement and Professional Review Branch
Benefits Integrity and Digital Health Division

Through: s22
Director West,
Investigations Section,
Compliance Enforcement and Professional Review Branch

CC: s22
Director East,
Investigations Section,
Compliance Enforcement and Professional Review Branch

SUBJECT: Investigations Section Monthly Update as at 30 September 2021

Purpose

To provide an update on current statistics for the Investigations Section for the month of September 2021.

Investigation Statistics

1. The tables below are an overview of investigations action in the Financial Year 2021/22 as at 30 September 2021.

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s22	Tip offs received	Tip offs received	s22
	Sept 2021	FYTD	
	61	104	
	16	25	
	0	0	
Total	77	129	

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To **Stefanie Janiec**
Assistant Secretary,
Compliance Enforcement and Professional Review Branch
Benefits Integrity and Digital Health Division

Through: s22
Director East,
Investigations Section,
Compliance Enforcement and Professional Review Branch

CC: s22
Director West,
Investigations Section,
Compliance Enforcement and Professional Review Branch

SUBJECT: Investigations Section Monthly Update as at 31 July 2021

Purpose

To provide an update on current statistics for the Investigations Section for the month of July 2021.

Investigation Statistics

1. The tables below are an overview of investigations action in the Financial Year 2021/22 as at 31 July 2021.

s22

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s22	Tip offs received	Tip offs received	s22
	July 2021	FYTD	
	17	17	
	3	3	
	0	0	
	Total	20	

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To **Stefanie Janiec**
Acting First Assistant Secretary,
Benefits Integrity and Digital Health Division

Through: s22
Acting Assistant Secretary,
Compliance Enforcement and Professional Review Branch

SUBJECT: Investigations Section Monthly Update as at 30 June 2021

Purpose

To provide an update on current statistics for the Investigations Section for the month of June 2021.

Investigation Statistics

1. The tables below are an overview of investigations action in the financial year 2020/21 as at 30 June 2021.

s22

s22	Tip offs received	Tip offs received	s22
	June 2021	FYTD	
	29	244	
	3	92	
	0	6	
Total	32	342	

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To **Daniel McCabe**
First Assistant Secretary,
Benefits Integrity and Digital Health Division

Through: **Stefanie Janiec**
Assistant Secretary,
Compliance Enforcement and Professional Review Branch

SUBJECT: Investigations Section Monthly Update as at 30 April 2021

Purpose

To provide an update on current and upcoming activities being conducted by the Investigations Section for the month of April 2021. s22

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Investigation Statistics

10. The tables below are an overview of investigations action in the financial year 2020/21 as at 30 April 2021.

s22

s22

s22

Tip offs received	Tip offs received
April 2021	FYTD
11	194
6	85
0	6
Total	285

s22

To **Daniel McCabe**
First Assistant Secretary,
Benefits Integrity and Digital Health Division

Through: **Stefanie Janiec**
Assistant Secretary,
Compliance Enforcement and Professional Review Branch

SUBJECT: Investigations Section, Monthly Update as at 31 March 2021

Purpose

To provide an update on current and upcoming activities being conducted by the Investigations Section for the month of March 2021. s22

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Investigation Statistics

10. The tables below are an overview of investigations action in the financial year 2020/21 as at 1 April 2021.

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s22

	Tip offs received	Tip offs received
	March 2021	FYTD
	23	183
	4	79
	0	6
Total	27	268

s22

To: Daniel McCabe
First Assistant Secretary,
Benefits Integrity and Digital Health Division

Through: Stefanie Janiec
Assistant Secretary,
Compliance Enforcement and Professional Review Branch

SUBJECT: Health Provider Fraud Section Significant Case Update - May 2022

Purpose

To provide an update on current and upcoming activities being conducted by the Health Provider Fraud Section (HPFS) for May 2022 and cases of significance under investigation.

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Investigation Statistics

5. The tables below are an overview of investigations action in the 2021/22 as of 31 May 2022.

s22

s22

	Tip offs received	Tip offs received
	May 2022	FYTD
	20	216
	7	42
	0	2
Total	27	260

s22

To: Daniel McCabe
First Assistant Secretary,
Benefits Integrity and Digital Health Division

Through: Stefanie Janiec
Assistant Secretary,
Compliance Enforcement and Professional Review Branch

SUBJECT: Investigations Section Monthly Update February 2021

Purpose

To provide an update on current and upcoming activities being conducted by the Investigations Section for the month of February 2021. s22

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Investigation Statistics

10. The tables below are an overview of investigations action in the 2020/21 as at 28 February 2021 (FYTD).

s22

s22

	Tip offs received	Tip offs received
	February 2021	FYTD
	21	160
	4	77
	0	7
Total	25	244

s22

s22