



# Health Provider Compliance Priorities 2025

## Bulk billing

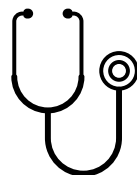
Access to affordable health care for all Australians is a high priority. When a health professional chooses to bulk bill a service, they accept the relevant Medicare benefit as full payment for the service.

Charging a co-payment or membership fee is a breach of the *Health Insurance Act 1973*. Where we find that a health professional has charged a co-payment or membership fee for a bulk-billed service, we take compliance action.

## Specialist and consultant physician claiming of attendance items and management plans

Professional attendance services are the largest contributor to Medicare Benefits Schedule (MBS) expenditure. Our data shows specialist and consultant physician attendance items drove the growth of attendance services in financial year 2023-24. This includes management plans such as MBS items 132 and 133.

Our focus is ensuring providers understand how to claim correctly to protect the sustainability of Medicare.



## Claiming MBS services while overseas

Medicare benefits are only payable where the service is performed in Australia to an eligible patient.

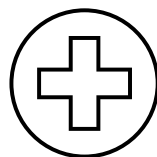
We take compliance action where a provider performs and claims MBS services while overseas.

## Suspected fraud

We are committed to tackling illegal activity and behaviour of concern to protect the integrity of Medicare.

## Duplicate payments

Medicare benefits are only payable where a service has not already been paid for through another funding arrangement. Duplicate payments breach Section 19 of the *Health Insurance Act 1973*. This requirement ensures the sustainability of Australia's healthcare system.



We take compliance action where we find duplicate payments.

## Opportunistic billing and emerging business models

In an environment of rising costs, technology advancements and innovation in healthcare delivery, there is increasing risk of business models prioritising revenue generation over clinically relevant patient care.

The integrity of Australian Government health program payments is impacted where:

- arrangements between an organisation and a health professional remove health provider control over their claiming, or
- a practitioner's clinical independence is undermined by corporate billing requirements.

We take compliance action to address inappropriate practice and mitigate the potential for patient harm.

## Inappropriate claiming of high-cost PBS medicines

The Pharmaceutical Benefits Scheme (PBS) provides patients with access to safe, proven and cost-effective medicines. Ensuring PBS compliance safeguards the sustainability of the PBS.

When a pharmacist supplies an invalid prescription, patient care can be impacted. In some cases, it can result in health program benefits being obtained fraudulently. We take compliance action where:

- PBS supplies are more than what was prescribed or clinically needed
- PBS medicines are claimed without a prescription.



## Open and uncertified PBS claims

We have identified an increasing number of PBS claims where the supply of pharmaceutical benefits was not certified, and the claim closed. This breaches the Claims Rules made under the *National Health Act 1953*.

Collaborating with Services Australia, our focus is on:

- supporting approved suppliers understand their claiming obligations, and
- implementing up-front controls to ensure future compliance.