



# Health Provider Compliance Priorities

The Department of Health, Disability and Ageing is responsible for ensuring compliant health provider claiming for Australian Government health program payments. Our compliance priorities reflect our commitment to act to protect Medicare integrity.

## 2026 focus areas

### Telehealth



Telehealth is vital for maintaining continuity of care and improving access to timely health services for Australians. Our priority is on ensuring providers understand how to claim correctly, to ensure future growth is sustainable.

This includes a focus on Medicare Benefits Schedule (MBS) servicing and requesting, and Pharmaceutical Benefits Scheme (PBS) prescribing, from on-demand telehealth platforms. The rise of these businesses raises concerns about opportunistic and/or inappropriate claiming of health program payments, as well as commercial incentives conflicting with clinical best practice, continuity of care and patient safety.

### Care and management plans



Care plans promote comprehensive and continuous care by providing structured support for patients with chronic conditions, including access to multidisciplinary services. We're monitoring claiming of these items to better understand how we can support health provider compliance and ensure MBS sustainability.

### Claiming MBS services while overseas



Medicare benefits are only payable where the service is performed and supervised in Australia to an eligible patient. We'll take compliance action where we identify these requirements have not been met.

### Open and uncertified PBS claims



Open and uncertified claims occur where the supply of pharmaceutical benefits was not certified, and the claim closed. This breaches the Claims Rules under the *National Health Act 1953*. We continue to monitor this issue and work collaboratively with Services Australia and software vendors to implement up-front controls to ensure future compliance.

### Inappropriate claiming of PBS medicines



We aim to prevent patient harm and protect the sustainability of the PBS by addressing high-risk claiming practices. This includes monitoring claiming of high-cost medicines, as well as acting on:

- discrepancies between pharmaceutical sponsor supplies to market and claims for PBS medicines
- routine early supply of PBS medicines.

## Enduring Priorities

Enduring priorities present a persistent risk to the integrity and sustainability of Australian Government health programs. We're committing ongoing, dedicated resources to prevent and address these issues.



### Preventing fraud

We are strongly committed to tackling illegal activity. In addition to disrupting concerning behaviour as early as possible, our focus is on continuing to strengthen preventative controls to protect the integrity of Medicare and the PBS.



### Access to affordable healthcare

Given ongoing, significant investment in bulk billing, our focus is on ensuring providers meet MBS bulk billing requirements and patients have access to affordable care. 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*.



### Safeguarding high-quality and medically necessary services

Some healthcare services provide little or no clinical benefit to patients, while adding unnecessary costs to Medicare. This type of servicing can lead to patient harm and waste valuable healthcare resources. Our compliance efforts target multiple areas including:

- providers engaging in inappropriate practice, where some or all of the services rendered or initiated constitute a prescribed pattern of service
- third party delivery or corporatisation of health services where revenue may be prioritised over clinically relevant care.



### Medicare, public hospital and health services sustainability

We are committed to ensuring the sustainability of Medicare, and hospital and health services funded collaboratively between the Commonwealth, states and territories through the National Health Reform Agreement arrangements. We'll work with stakeholders to:

- minimise duplicate payments and other payments which do not meet the requirements of the Health Insurance Act
- ensure valid patient financial elections are in place if public hospitals are delivering private health services.

## Our compliance approach

The [Health Provider Compliance Strategy 2025–30](#) outlines our risk and proportion-based approach to health provider compliance.

Read more about our compliance approach at [Medicare compliance | Australian Government Department of Health, Disability and Ageing](#)



Scan the QR code to download the *Health Provider Compliance Strategy 2025-30*