Australian Government
Department of Health, Disability and Ageing

Medicare Integrity

Strengthening Medicare Integrity

$146.8 million
invested over four years (and $17.6 million per year ongoing) to strengthen integrity supporting the ongoing sustainability of Medicare

$674.1 million
over four years (and $230.8 million per year ongoing) in incorrect claims and payments is expected to be avoided through initiatives designed to reduce fraudulent and non-compliant claiming

What is the problem?

Over the past three years, the Medicare Integrity Taskforce has made important progress in addressing findings from the Independent Review of Medicare Integrity and Compliance (known as the Philip Review).

While these changes laid a strong foundation, further action is needed to address ongoing and emerging integrity risks.

Key issues that continue to affect the system include:

Incorrect claims - often due to gaps in understanding of Medicare rules and billing requirements

Limited visibility - where health practitioners cannot easily see all claims made in their name

A reactive system - which focuses more on identifying and correcting issues after they occur rather than preventing them upfront

Fraud - including misuse of provider numbers or patient details

What is the solution?

The Government has committed $146.8 million over four years (and $17.6 million per year ongoing) to strengthen Medicare integrity, supporting the ongoing sustainability of Medicare.

Key initiatives include:

More support for providers

- Clearer guidance and support with streamlined access to training and support
- New reports showing all Medicare Benefits Schedule (MBS) claims made under a provider number

Expanded capability

- More capability and capacity to identify and reduce incorrect, non-compliant and fraudulent claiming across Medicare programs, including the MBS and the Pharmaceutical Benefits Scheme (PBS)

Improved systems

- Stronger Medicare claiming system to better identify and stop suspicious claims before payments are made

Legislation changes

- Amendments to strengthen Medicare integrity and support fair, effective compliance across Medicare programs including the MBS and the PBS

What does this mean for me?

For Health Practitioners

- We recognise that most practitioners aim to do the right thing - while these measures apply to everyone, they are not intended to target compliant practitioners but to better support accurate claiming and address genuine misuse.
- These changes will support you to claim correctly and confidently, through improved Medicare education that supports you in understanding and navigating Medicare claiming.
- New practitioner claiming reports will provide greater visibility of claims made under individual provider numbers. This will help to identify and correct unintentional errors early, as well as detect any fraudulent or non-compliant claims made without your knowledge.

For Patients

- If you receive an eligible service, your Medicare benefit will continue to be paid.
- You may be asked to register your bank account details with Services Australia if you'd like the practice to submit Medicare claims on your behalf. This is quick and easy to do through your Medicare online account via MyGov.
- You will see improvements to your Medicare claim history, available through your Medicare online account via MyGov, making it easier for you to spot any unusual claims and get support if you want to check or report something.

Contact Us

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Find out more

health.gov.au/our-work/medicare-integrity