Australian Government
Department of Health, Disability and Ageing

Health Provider Compliance Strategy

Overview of MBS compliance

The Department of Health, Disability and Ageing is committed to maintaining the integrity and sustainability of Australia's health system and enhancing public trust in health program payments.
The Health Provider Compliance Strategy 2025-30 outlines how the department prevents, identifies and responds to non-compliance.

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Health Provider Compliance Strategy 2025-30

Have a query?
Contact the Provider Support and Engagement team at
Provider.Support@health.gov.au

Compliance objectives

The department uses a **risk-based** and **proportionate** approach to compliance that is fair and transparent, maintains confidentiality and promotes collaboration.
The objectives are to:

- **prevent** incorrect, inappropriate and fraudulent claiming
- **enable** correct claiming by supporting providers understand and meet their obligations, and
- **respond** effectively when non-compliance occurs.

A **strong integrity culture** guides the department's decision making and compliance actions.

Compliance approach

Prevention and **education** are our preferred approach to achieving compliance. Based on available evidence and the seriousness and scale of the concern, we may also consider:

- **audits** and **targeted compliance** activities to ensure health benefits have been claimed correctly
- peer review through the **Practitioner Review Program** to address potential inappropriate practice, or
- **fraud investigations** where dishonest or deceptive conduct is suspected.

Identifying non-compliance

The department monitors **claiming data**, collects **intelligence**, and carries out **targeted analysis** using advanced analytical modelling to find non-compliance. This includes the assessment of tip-offs.

Data analysis and intelligence, together with **policy** and **clinical advice,** are utilised to address:

- incorrect claiming and prescribing
- business arrangements designed to maximise benefits
- potential inappropriate practice, and
- fraud.

Compliance priorities

The department regularly reviews its compliance priorities. Issues are chosen based on their characteristics and consideration of the seriousness and scale of the harm posed to the Medicare system.

The Health Provider Compliance Priorities reflect **enduring issues** as well as **focus areas** where the department is committed to acting to protect the integrity of Medicare.

It is the responsibility of health providers to comply with their Medicare obligations. The department **works collaboratively** with providers to **improve awareness** of claiming requirements.