Practitioner review program, for practitioners – What you need to know

Information about how the Practitioner Review Program (PRP) is applied to practitioners, whose data indicates possible inappropriate practice

The PRP

The purpose of the PRP is to protect the integrity of Medicare, the Pharmaceutical Benefits Scheme (PBS) and the Child Dental Benefits Scheme (CDBS) by reviewing practitioners and corporate entities where concerns of potential inappropriate practice are identified.

The function of the PRP is to review a practitioner or corporate entity's Medicare servicing and PBS prescribing behaviour to determine whether a request should be made to the Director of the Professional Services Review (PSR) for review under the PSR Scheme. Practitioners are only referred to the Director of PSR (Director) where concerns are unable to be resolved under the PRP.

A review under the PRP is not an indication of any wrongdoing or a judgement on the clinical care you provide your patients. It is the first step in understanding why your data differs from your peers.

PRP reviews are carried out by qualified health professionals (Professional Advisers) employed by the Department of Health, Disability and Ageing. If you have questions throughout the PRP process, you can contact the Professional Adviser who is reviewing your servicing.

How is potential inappropriate practice identified?

The PRP involves a professional adviser reviewing your Medicare servicing and PBS prescribing data and assessing/confirming variance from your peers. The data is only the starting point for a PRP review. Other factors such as your location, patient demographics, special interests, additional training, and other potentially relevant matters are also considered.

When reviewing your profile for potential inappropriate practice, our Professional Advisers consider your servicing behaviours. For example, are you:

- providing services that are not clinically relevant?
  - Medicare Benefits are claimable only for 'clinically relevant' services rendered by an appropriate health practitioner. A 'clinically relevant' service is one that is generally accepted by the relevant profession as necessary for the appropriate treatment of the patient.

- meeting MBS or CDBS item requirements, e.g., minimum time requirements and item descriptors?
- meeting PBS requirements in prescribing?
- providing adequate clinical input into services?

Where a practitioner is selected for review under the PRP, their servicing behaviour will likely be different to peers across multiple areas, or extremely different in one. These differences will not be able to be explained after the review of the practitioner's whole profile.

How will my PRP case be conducted?

How a case progresses through the PRP depends on several factors, including:

- previous compliance history
- the level of concerns about the nature or extent of possible inappropriate practice
- if the 80/20 or 30/20 rules have been breached
- whether you choose not to engage in any of the processes under the PRP.

Most practitioners will be offered an interview. The interview provides you with the opportunity to provide an explanation for any variance in your claiming to your peers.

The Department may not offer you an interview where there are significant concerns of inappropriate practice or where you have breached the 80/20 or 30/20 rules. If you are not offered an interview, the Department will contact you, usually by phone, to confirm your details and notify you that you will be, or have been, referred to a delegate of the Chief Executive Medicare (delegate) for review.

Where a practitioner breaches the 80/20 or 30/20 rules, a delegate is required to request the Director to review your provision of services under the *Health Insurance Act 1973*.

Do I have to participate in the PRP process?

You do not have to respond to any correspondence, attend an interview, provide a written submission, or provide us with any additional information if you do not wish to do so.

If you do not respond to our initial contact, or if you decline an interview or any of the other steps under the PRP, we will rely on the information available to assess your case. An outcome of this may be to refer the matter to a delegate to consider whether to make a request to the Director.

We may be able to extend timeframes for interviews or submissions if the timing causes you any concerns. Please speak to your Professional Adviser to discuss your situation.

Impact of the PRP process

The department understands that some practitioners may find the PRP process to be stressful. We suggest that practitioners have their own GP. Online resources, information and phone counselling services may be available from services including:

- for doctors: Doctors Health Services (DRS4DRS), or the Doctors' Health Advisory Service
- for nurse practitioners and midwives: Nurse and Midwife Support
- for dentists: Dental Practitioner Support: or Doctors' Health Advisory Service
- for optometrists: Optometry Australia supporting your mental health

Your professional indemnity insurer may also be able to offer support and advice.

More information

PRP for Practitioners

Inappropriate practice

MBS Online

Professional Services Review

Preparing a written submission for the Practitioner Review Program

Prescribed Pattern of Services 80/20 rule

Our Medicare compliance approach

Medicare Billing Assurance Toolkit

Billing accurately under Medicare

Health professional guidelines

Overview of the PBS