



Freedom of Information Request 3883

Figures as of 1 August 2022

Requested Information

The overall cost of the COVID-19 Rapid Test Concessional Access (CRTA) Program for the period January 24 2022 to July 20 2022, expected and/or actual.

Response

The final figures for the CRTCA program are as follows:

- 69,577,778 RATs supplied
- 6,116,696 eligible Concession Card Holders accessed
- 14,725,765 Transactions
- 5,665 Pharmacies

The expenditure was as follows (noting the below is 50:50 cost-shared with States and Territories via National Partnership Agreements):

Program Expenditure (24 Jan to 31 Jul)				
		Excl Gst	Incl Gst	Total (Incl GST)
RAT Units	69,577,778	\$10.00	\$11.00	\$765,355,558.00
Admin Fee	69,577,778	\$0.12	\$0.13	\$9,045,111.14
Transaction Fee	14,725,765	\$4.30	\$4.30	\$63,320,789.50
IT System Build		\$1,004,400.00	\$1,104,840.00	\$1,104,840.00
			Total	\$838,826,298.64

The Concessional Rapid Antigen Test Access (CRTCA) Program commenced on 24 January 2022 and is scheduled to end on 31 July 2022. Over the course of the Program up to 17 July 2022 there have been a total of:

- 64,334,327 RATs supplied under the program, across
- 13,661,766 transactions, by
- 5,761 participating community pharmacies.

A range of measures are in place to ensure the Program operates as intended, including processes to monitor compliance as well as detect and investigate potential compliance issues and fraud.

Measures include:

- Clear and accessible program information for pharmacies, including Program Rules that outline that audit and monitoring activities will occur
- A dedicated Support Centre for community pharmacies to ask questions about the Program, including queries regarding participation, patient eligibility, claiming and payments
- Monitoring and compliance detection measures including data analysis activities and a complaints and tip-offs mechanism.

Over the course of the Program to date (25 July 2022):

- A range of data analysis activities have been undertaken to detect potential compliance issues and/or fraud
- 113 complaints or tip-offs regarding alleged improper activity by community pharmacies were received
- Generic compliance communications have been sent to **all participating pharmacies**
- Targeted compliance communications have been sent to **251 community pharmacies** in relation to potential issues identified via monitoring and compliance activities. Importantly, many of these communications were due to the identification of possible issues rather than confirmed non-compliance and many were therefore educative in nature
- **Five (5) pharmacies** were required to undertake specific actions as the result of the identification of compliance issues; and
- **One (1) pharmacy** was suspended from the Program due to the identification of compliance issues
- There have been no cases of confirmed fraud identified, however it is acknowledged it is not possible to rule out the potential that it has occurred.

Further details in relation to monitoring and compliance activities are included below.

Tip-offs

As indicated above, to date 113 complaints or tip-offs alleging improper activity by 84 community pharmacies have been received. Each of these have been investigated with a total of 101 resulting in specific actions or communications taking place. The remaining 12 tip-offs were unable to be actioned, as they contained insufficient information and were provided anonymously with no ability to seek further details.

Data Analysis

Over the course of the Program to date a range of data analysis activities have been undertaken including:

- Reviewing patterns of claiming that may indicate RATs are being claimed by pharmacies prior to provision of RATs to patients and on some occasions provided to patients without patient request
- Reviewing patterns of claiming to identify pharmacies with high rates of supply under the Program compared to other pharmacies and/or based upon their local population
- Monitoring for unusual claiming patterns (e.g. large spikes on individual days) e.g. at the start of each month or as the Program approaches its conclusion.

The most frequent complaint received in relation to the CRTCA Program was that patients were unable to access part of their RAT allocation due to their concession card having already been claimed elsewhere for that month. We understand this predominantly occurs when a pharmacy has submitted transactions into ProjectCOVID prior to providing the patient with their RAT kits, and or/without having first obtained verbal consent from the patient.

Investigations launched by ^{s47G(1)(a)} into pharmacies alleged to have undertaken this behaviour revealed that there were a variety of reasons that explained why this may have occurred. The most common examples are provided below for reference:

- Pharmacies believed they were doing their community a service by proactively ordering stock and putting it aside for their customers, before letting them know that tests were available for pick up. In these instances, the pharmacy was not aware that consent was a requirement of the program or that prerecording these transactions would impact the patient's ability to seek supply at an alternative pharmacy site.
- Pharmacies would obtain consent from patients for their first monthly supply and mistakenly assume this also extended to subsequent months, as they believed patients would prefer to come back to a single site to continue to receive their RAT allocations. These pharmacies had not taken into consideration the fact that individuals may move around and that accessing RATs from the same pharmacy may not always be convenient and/or possible.
- Pharmacies utilising waiting lists in instances where stock was an issue (this was particularly of note early in the rollout). Patient details were collected and transactions put through prior to supply and in some instances prior to stock arriving in the pharmacy. This prevented patients from accessing their RATs until stock was available at the pharmacy, which in some instances was a lengthy wait, when other pharmacies had available stock.
- The pharmacy may have made a data entry error when submitting the transaction, resulting in another patient's Concession Card number being used. This was more likely to occur if multiple family members were listed on the same concession card.
- At least one instance was the result of two patient's being issued the exact same concession card number in error by Services Australia.

- A small number of individuals were concerned that stolen concession card information may have been used to gain supply and this prevented the rightful concession card holder from accessing RATs, however we did not identify evidence to demonstrate this has occurred.

It's possible that some of these cases may relate to deliberate or fraudulent actions of a particular pharmacy, however this was not able to be confirmed for any case. We note that although this issue was raised 102 times, this is across a Program involving more than 13,661,766 transactions, suggesting that this occurrence was relatively rare in the context of the scale of the Program and the number of transactions processed.