

Please take a seat, your session starts soon.

Acknowledgement of Country

Best Practice Software acknowledges the Traditional Custodians of Country throughout Australia and recognise their unique cultural and spiritual relationships to the land, waters, and seas and their rich contribution to society. We pay our respects to ancestors and Elders, past, present, and emerging.

Best Practice Software respects Māori as the tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

Right: Ginmine design from corner, radiating outwards.

Designed for the Bp Bundaberg Operations Hub Mural Project, 2021

Artist: Nicole Wone

Addresses themes of: Evolution – Adaptation of Universe and traditional Indigenous beliefs across the globe.

Beginning of time, darkness. Movement in the cosmos. Rainbow Serpent – Creation being. Ancestral lineage without our DNA



SUMMIT 2025

Loryn Einstein Founding Director Medbill

Medicare Risk and Compliance



Medicare Risk and Compliance

Loryn Einstein

With over 20 years in the medical industry, Loryn specializes in Medicare compliance and fraud prevention, helping doctors and private practices avoid costly audits and optimize their income. A respected speaker and consultant, she leads a dedicated team focused on safeguarding clients from fraud and ensuring compliance with ever-changing regulations.



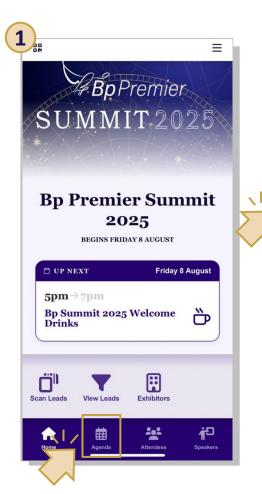


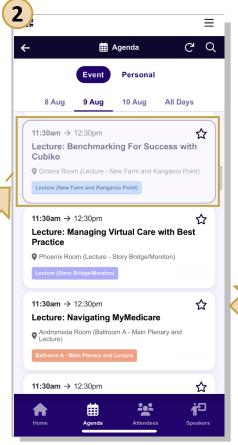
Ask any questions using The Event App

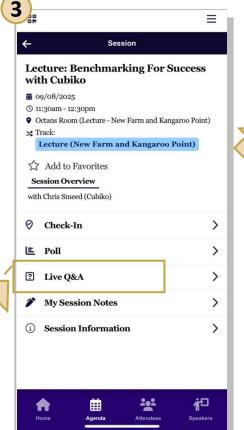


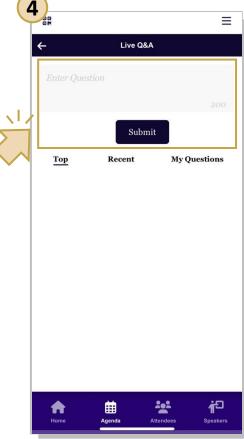
Download the app
By scanning the QR code











SUMMIT 2025

Loryn Einstein Founding Director Medbill

Medicare Risk and Compliance

DISCLAIMER

The information provided in this presentation is intended for educational purposes only. This presentation does not constitute legal or financial advice.

Medicare compliance and medical billing guidelines and legislation are subject to frequent updates and changes. The content presented in this lecture is accurate to the best of our knowledge as of the presentation date, but it may not reflect the most recent changes or interpretations.

This presentation is not a substitute for seeking professional advice. If you have specific questions or concerns regarding Medicare compliance, MBS item numbers, or medical billing, we strongly recommend contacting Medical Billing Experts directly to ensure advice given is tailored to your specific situation.

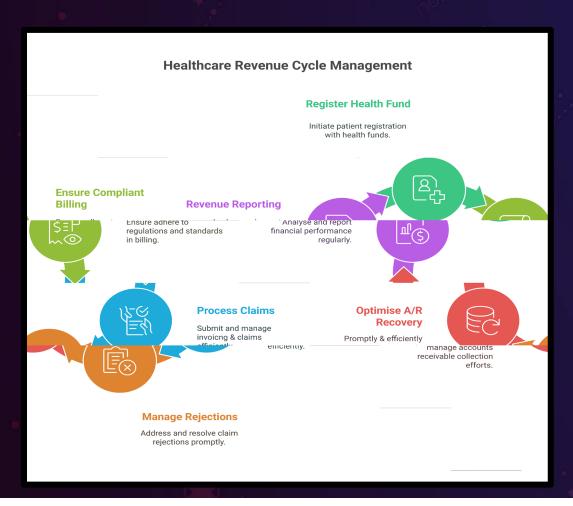
Medical Billing Experts assumes no liability for any actions taken or not taken based on the information provided in this presentation. Attendees and viewers are encouraged to verify all information, consult with relevant authorities, and stay up-to-date with the latest developments in Medicare compliance and medical billing practices.

We hope this presentation contributes to your understanding of Medicare compliance and medical billing practices.





Understanding the Private Medical Revenue Cycle & Why It Matters.....



- Understanding and managing your
 Revenue Cycle is the key to the long-term
 success of your medical practice
- It ensures that you are paid fully and compliantly for the work that you perform in a timely, compliant & efficient manner
- Important to ensure adequate focus is applied to all aspects of the cycle so money does not slip through and impact the profitability & cash flow of your practice
- Consistency is key in all areas to ensure your practice maintains its financial health!





The Revenue & Billing Compliance Challenge in Private Practice











The Leaky Revenue Bucket



5% - 15%

Average lost revenue per annum from poor billing practices

\$2m ++

Lifetime lost earnings from poor billing practices





The Leaky Revenue Bucket



Common Problems that reduce your Practice Revenue.....

- Incorrect or missed MBS items
- Data entry errors by admin staff and practitioners
- Activity not billed or not billed properly
- Poor follow-up on rejected claims
- Uncollected patient balances & associated write offs
- Medicare item number & rule changes not understood
- Keeping compliant and up to date with the constant complex changes to MBS items and Medicare legislation
- No reconciliation of cash in the bank or separation of financial duties
- Internal Fraud & theft





The 4 Pillars of Maximising Revenue through Compliant Billing







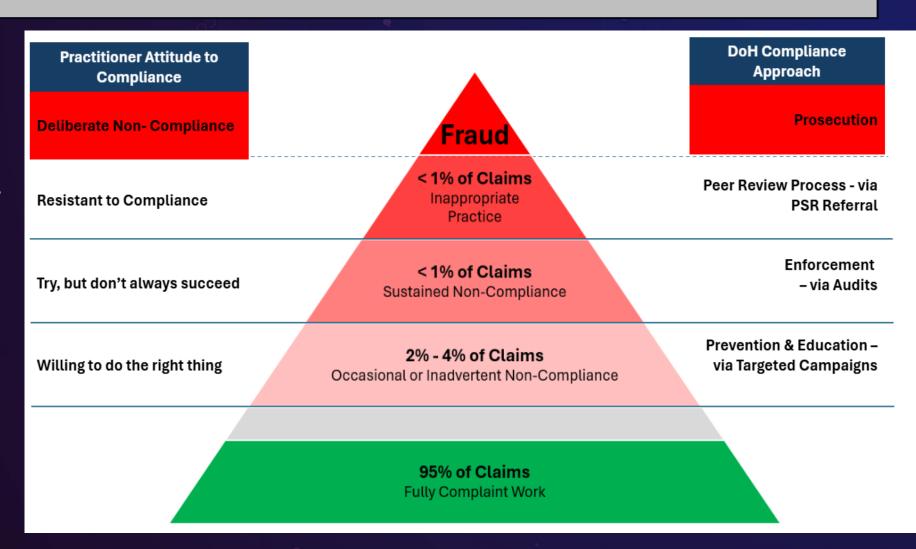
Deeply Understand the Rules- The Compliance Framework

Compliance

Medicare / DoH / PSR can claw back money if you are found to be non-compliant

Claim expiry

2-year expiry from date of service, don't leave your claiming until the last minute!







Deeply Understand the Rules- The Compliance Framework- Targeted Campaign







Deeply Understand the Rules- The Compliance Framework- DoH Audit







Deeply Understand the Rules- The Compliance Framework- PSR Referral Process

STAGE 1

The Director of PSR



Decision: Should the matter be reviewed?

STAGE 2

The Committee of Peers



Decision: Did inappropriate practice occur?

STAGE 3

The Determining Authority



Decision: What is the suitable sanction?





Deeply Understand the Rules- The Compliance Framework- PSR Referrals

In 2023–24, the Director made the following referrals to AHPRA, medical boards or other bodies:

- 12 referrals under section 106XA due to concerns over patient safety
- 17 referrals under section 106XB due to concerns relating to noncompliance with professional standards
- no referrals under section 89A due to suspected fraud.

A total of 19 practitioners were referred to external bodies for review. This was an increase in the total number of practitioners referred compared to the previous financial year.





Deeply Understand the Rules- The Compliance Framework- PSR Stats

In 2023–24, PSR completed 109 cases:

- the Director decided to take no further action following a review in 9 cases
- [Section 92] agreements negotiated in 87 cases were subsequently ratified by the DA and became effective during the reporting period
- the DA made 13 final determinations that became effective during the reporting period.
- partial MBS disqualification in 54 cases
- full disqualification from the MBS in one case

Negotiated agreements and final determinations resulted in repayment orders totalling \$31,625,201 for the reporting period.





DoH Compliance Priorities 2025 to 2030

Incorrect claiming

Health providers claiming MBS, PBS, CDBS and/or PIP benefits where legislative and/or policy or program requirements have not been met.

Incorrect prescribing

Health providers prescribing PBS medicines outside legislative and/or policy or program requirements.

Business arrangements that seek to inappropriately maximise payment of benefits

Agreements and/or cooperation between individuals and/or entities to inappropriately maximise payment of benefits.

Possible inappropriate practice

Inappropriate practice may reflect behaviour by health providers or corporate entities. Defined in section 82 of the *Health Insurance Act 1973*, it includes:

Unacceptable conduct – performing or initiating MBS, PBS or CDBS services which a general body of peers would reasonably conclude was inappropriate.

Prescribed pattern of services – performing or initiating services during a specified period constituting a prescribed pattern of services, including performing or initiating:

- 80 or more relevant services on each of 20 or more days in a 12-month period (the '80/20 rule)'.
- 30 or more relevant phone services on each of 20 or more days in a 12-month period (the '30/20 rule').

Causing or permitting inappropriate practice – knowingly, recklessly, or negligently causing or permitting a health provider employed or otherwise engaged by the person to engage in conduct that constitutes inappropriate practice.

Fraud

Health providers, their staff and/or unrelated persons dishonestly obtaining, or attempting to obtain, a gain or benefit, or causing a loss or risk of loss, by deception or other means.

Deeply Understand the Rules- Prescribed Pattern of Services AKA 30/20 and 80/20 Rules

A medical practitioner engages in inappropriate practice where some or all the services rendered or initiated constitute a prescribed pattern of services. This includes:

- If they have rendered or initiated 80 or more relevant services on each of 20 or more days in a 12-month period (known as the 80/20 rule)
- As at 1 October 2022, if they have rendered or initiated 30 or more relevant phone services on each of 20 or more days in a 12-month period (known as the 30/20 rule).

Any breach of the 80/20 rule or the 30/20 rule REQUIRES a DoH referral to the Professional Services Review (PSR) is as it is automatically deemed to constitute inappropriate practice, except in exceptional circumstances.





Deeply Understand the Rules- Prescribed Pattern of Services AKA 30/20 and 80/20 Rules

Example of Consequences- 30/20

PSR Section 92 Agreement February 2025 General Practitioner to repay \$183,000

- a Committee could not reasonably conclude that exceptional circumstances existed that affected the rendering or initiating of 30 or more relevant phone services on any of the 20 or more days
- MBS requirements were not met, including minimum time requirements where relevant
- the practitioner's record keeping was inadequate and did not always demonstrate sufficient clinical input
- there was limited documented clinical indication for the prescribing of drugs of addiction, and the practitioner's management of patients was inappropriate.

Example of Consequences-80/20

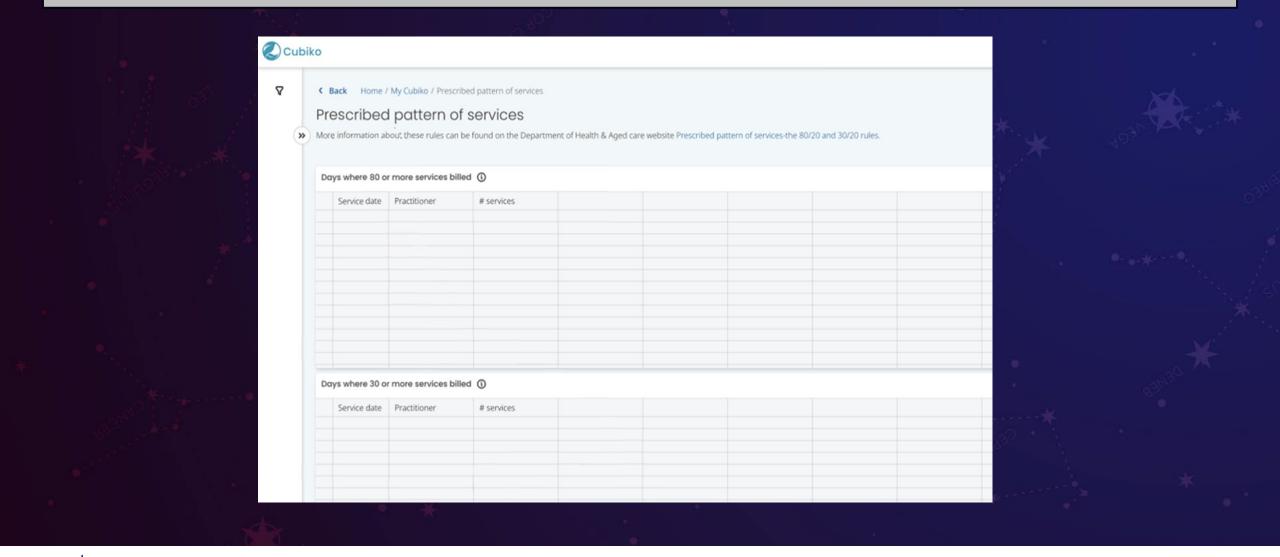
PSR Section 92 Agreement February 2025
General Practitioner to repay \$595,000 and disqualified from billing items 721,723,732,91891, 92024 (TH GPMP) and 92028 (TH review of GPMP or TCA) services for 12 months.

- exceptional circumstances did not exist that affected the rendering or initiating of 80 or more relevant services on any of the 20 or more days
- MBS requirements were not met, including minimum time requirements where relevant
- the practitioner's clinical management of patients was not always clinically appropriate, and some services were not clinically indicated
- the practitioner's record keeping was inadequate and included limited clinical detail and insufficient individualisation to patient presentations.





HELPFUL HINT - Prescribed Pattern of Services









Health Provider Compliance Priorities 2025

Bulk billing

Access to affordable health care for all Australians is a high priority. 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*. Where we find that a health professional has charged a co-payment or membership fee for a bulk-billed service, we take compliance action.

Specialist and consultant physician claiming of attendance items and management plans

Professional attendance services are the largest contributor to Medicare Benefits Schedule (MBS) expenditure. Our data shows specialist and consultant physician attendance items drove the growth of attendance services in financial year 2023-24. This includes management plans such as MBS items 132 and 133.

Our focus is ensuring providers understand how to claim correctly to protect the sustainability of Medicare.

Claiming MBS services while overseas

Medicare benefits are only payable where the service is performed in Australia to an eligible patient.

We take compliance action where a provider performs and claims MBS services while overseas.

Suspected fraud

We are committed to tackling illegal activity and behaviour of concern to protect the integrity of Medicare.

Duplicate payments

Medicare benefits are only payable where a service has not already been paid for through another funding arrangement. Duplicate payments breach Section 19 of the *Health Insurance Act 1973*. This requirement ensures the sustainability of Australia's healthcare system.



We take compliance action where we find duplicate payments.

Opportunistic billing and emerging business models

In an environment of rising costs, technology advancements and innovation in healthcare delivery, there is increasing risk of business models prioritising revenue generation over clinically relevant patient care.

The integrity of Australian Government health program payments is impacted where:

- arrangements between an organisation and a health professional remove health provider control over their claiming, or
- a practitioner's clinical independence is undermined by corporate billing requirements.

We take compliance action to address inappropriate practice and mitigate the potential for patient harm.

Inappropriate claiming of high-cost PBS medicines

The Pharmaceutical Benefits Scheme (PBS) provides patients with access to safe, proven and cost-effective medicines. Ensuring PBS compliance safeguards the sustainability of the PBS.

When a pharmacist supplies an invalid prescription, patient care can be impacted. In some cases, it can result in health program benefits being obtained fraudulently. We take compliance action where:

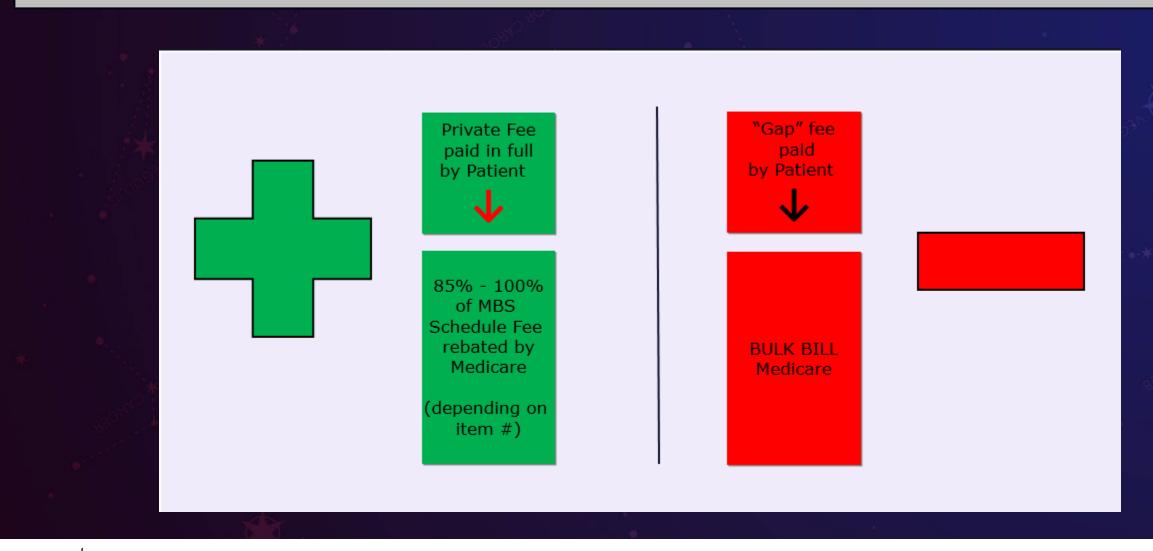
- PBS supplies are more than what was prescribed or clinically needed
- PBS medicines are claimed without a prescription.

Open and uncertified PBS claims

We have identified an increasing number of PBS claims where the supply of pharmaceutical benefits was not certified, and the claim closed. This breaches the Claims Rules made under the *National Health Act 1953*.

Collaborating with Services Australia, our focus is on:

- supporting approved suppliers understand their claiming obligations, and
- implementing up-front controls to ensure future compliance.







Deeply Understand the Rules-Suspected Fraud



Health Provider Compliance Priorities 2025

Claiming for services not rendered:

Billing for consultations that never occurred, or claiming for tests or procedures that were not performed.

Claiming for services rendered by another provider

Billing for consultations or procedures under your provider number that were rendered by another practitioner.

Falsifying patient records:

Includes altering medical records to justify a claim or claiming for a service that was not medically necessary.

Claiming for more than the allowed repeats or quantity of pharmaceuticals

This can happen with medications that have specific limits on how many repeats or how much of the medication can be claimed.

Bulk billing fraud

When a health professional bulk bills for a service that was not provided or charges the patient a fee on top of the bulk billing.





Deeply Understand the Rules- Claiming MBS services while overseas



Health Provider Compliance Priorities 2025

Make sure not to bill for Telehealth whilst overseas!

Both the patient and the Doctor **must** be in Australia for a Medicare billable event to happen

Billing records are cross checked with Home Affairs regarding whether doctors were overseas.

Nearly 6,000 practitioners have been caught so far this year!







Deeply Understand the Rules- Duplicate Payments



Health Provider Compliance Priorities 2025

Duplicate payments

Medicare benefits are only payable where a service has not already been paid for through another funding arrangement. Duplicate payments breach Section 19 of the *Health Insurance Act 1973.* This requirement ensures the sustainability of Australia's healthcare system.

We take compliance action where we find duplicate payments.





Deeply Understand the Rules- Opportunistic billing and emerging business models



Health Provider Compliance Priorities 2025

Opportunistic billing and emerging business models

In an environment of rising costs, technology advancements and innovation in healthcare deliver, there is increasing risk of business models prioritising revenue generation over clinically relevant patient care.

The integrity of Australian Government health program payments is impacted where:

- Arrangements between an organisation and a health professional remove health provider control over their claiming, or
- A practitioner's clinical independence is undermined by corporate billing requirements.

We take compliance action to address inappropriate practice and mitigate the potential for patient harm.





Deeply Understand the Rules- PSR Corporate Plan 2023 - 2027

PLANS FOR THE FUTURE

- Continuing to investigate a broader range of practitioners, including allied health practitioners, specialists and general practitioners
- Improving PSR's technology and digital capabilities to effectively support projected case load increases, investigative functions and legislative amendments

ALREADY IMPLEMENTED

Expanding compliance to include employers and/or companies that employ or otherwise engage practitioners to "ensure they act as good corporate citizens and provide services appropriately

Example of Consequences

PSR Section 92 Agreement July 2023 Company to repay: \$1,160,000

During the review period, practitioners employed **or otherwise engaged by the company** rendered Medicare Benefits Schedule (MBS) items disproportionately to peers.

The PSR Director had persisting concerns that one or more of the practitioners:

- failed to meet the MBS descriptor and regulatory requirements for all items rendered
- billed attendance items where an attendance was not indicated and/or not performed by the practitioner, and
- failed to keep an adequate and contemporaneous records

And that:

- the practitioners were employed **or otherwise engaged** by the company either directly or indirectly,
- were sufficiently controlled and supervised by the company such that the practitioners were knowingly, recklessly or negligently caused or permitted by the company to engage in such conduct.

Deeply Understand the Rules- Shared Debt Recovery

Enforcement commenced 1 July 2019

Applies to services provided from 1 July 2018 forward

Legislated default split: 35% to the "organisation" 65% to the provider





Deeply Understand the Rules-Clinical Content

FOR ANY BILLED CONSULTATION

Taking a patient history

At LEAST one

- Performing a clinical examination
- Arranging any necessary investigations
- Implementing an management plan
- Provide appropriate preventative health care

PROCEDURE

- Clinical Consent
- Operative Record
- Histopathology (if indicated)
- Post Operative care and results

HIGH-VOLUME PROCEDURES Quality Assurance activities

Example of Consequences

PSR Section 92 Agreement June 2024 General

Practitioner to repay:

\$610,000

disqualified from providing items 26, 91801 services for 3 months; items 5028,5040, 5043 and 5049 services for 6 months

- The practitioner failed to take an appropriate history, record his examination and/or diagnosis
- There was not consultation note on the date of the service to indicate the practitioner personally attended the patient. If the practitioner did attend on the patient, he failed to make a contemporaneous record.
- There was insufficient clinical input provided to support the MBS requirements for a Level B consultation

Appropriate utilisation of consult items

Level	Applicable Item Numbers	Applicable To	
Level A	3,4,RACF 90020, 5000, 5003, RACF 5010; TH 91790; Phone 91890	Obvious and straightforward cases	
Level B	23, 24; RACF 90035; After-hours 5020, 5023, RACF 5028; TH 91800; Phone 91891	Not obvious or straightforward in relation to one or more health related issues	
Level C	36, 37; RACF 90043; After-hours 5040, 5043, RACF 5049; TH 91801; Phone 91900	Increased complexity and greater than 20 mins consult time	
Level D	44, 47; RACF 90051; After-hours 5060, 5063, RACF 5067; TH 91802; Phone 91910	Increased complexity and greater than 40 mins consult time	
Level E	44, 47; RACF 90051; After-hours 5060, 5063, RACF 5067; TH 91802; Phone 91910	Increased complexity and greater than 60 mins consult time	

Clinical notes must reflect the complexity of the case



Deeply Understand the Rules- Clinical Notes and Record Keeping

- ✓ Clinical notes must support your item numbers
- ✓ You must keep these notes safe for the entire lookback period (2 years) and beyond
- ✓ Notes must be comprehensive and timely

Example of Consequences

PSR Section 92 Agreement September 2024
General Practitioner to repay \$430,000 and be disqualified from billing items 36,44,2713,91801, 91802,91891,91900,91910,92115 and 92127 services for 12 months

The practitioner's record-keeping was inadequate. The practitioner failed to note important clinical details, making it difficult to understand what occurred during consultations and enable another practitioner to effectively undertake the patient's ongoing care in reliance on the record

The record would not allow another practitioner to effectively continue care in reliance on the record.

HELPFUL HINT – Documentation Requirements

A separate entry for each patient attendance or service

Clear identification of the patient

The date of service

A clear explanation of the service provided

Clear and legible enough that another health professional could take over the patient care based on that record





HELPFUL HINT – Use of Templates/Al Scribes

- Emergence of Al scribes are incredibly useful tools for clinicians however bring risks associated with them which fall on the provider to manage
 - Legal risk of scribes currently untested given their recency
 - Hallucinations and misinterpretations can still occur...important all clinicians check their notes before finalising
 - Department of Health has publicly stated that GP providers are liable should errors and/or mistakes occur
 - Any changes must be made to the patient record PRIOR to lodging into the patients health record
- These tools are a positive for the industry and there to be used however important you don't lose sight of your responsibility when utilising them



The 4 Pillars of Best Practice Compliant Billing- PILLAR 2 - Skilled and Trained Staff



Skilled & Well-Trained Practice Admin & Finance Staff

- Staff skilled, trained & experienced in all the different aspects of billing and revenue management in a practice environment
- Staff capacity to manage timely invoicing & patient cash collection (daily)
- Time available to follow up rejections and outstanding patient invoices
- Appropriate staff coverage for absences and leave
- Appropriate segregation of duties & review to prevent fraudulent activity
- Understand the Integration of data between your PMS, Billing Software
 & your Financial Management System [eg Xero]





The 4 Pillars of Best Practice Compliant Billing- PILLAR 3 – Proactive Revenue Management



Proactively manage your billing

- Ensure you obtain all details necessary for a claim upfront to save you needing them to chase them after you have seen a patient
- This includes patient and referral information
- Complete your billing on a regular basis, don't let claims build up
- Aged claims have a higher rejection rate (people change health funds, leave the country etc)
- Tracking of billing & performance at each stage especially rejections & outstanding patient balances





The 4 Pillars of Best Practice Compliant Billing- PILLAR 4 – Data Driven Decision Making



Private practice in medicine is a business: understand your key performance metrics

- Run reports to check for missing billing and unexplained variations in income
- Review aged debt monthly, don't assume all claims have been paid
- Learn how to run and understand your P&L and Balance sheet
- Spot check reconciliations between PMS and bank

Just because your Practice income is stable doesn't mean that all of your services have been claimed and paid for!





Compliance Risk – Active DoH Compliance Campaign

Active DoH Compliance Campaign – RACF item number billing for GP's

Ensure clinical notes are <u>complete</u> and <u>timely</u>

- Only use flagfall items once per RACF per DOS
- Understand appropriate supervision of nursing staff participating in Telehealth with Specialists for item 10983
- Understand appropriate supervision of nursing staff participating in Management Plan reviews for item 10997
- Ensure that referrals to Specialists are for appropriate clinical reasons
- Comply with all MBS requirements for RACF item numbers





Compliance Risk reminder- 18 to 24 month review post implementation!

From 1 November 2023, a 6 minute minimum time for Medicare Benefits Schedule (MBS) general practitioner (GP) Level B general attendance consultations will apply.

- The 6 minute minimum time will affect a range of MBS GP Level B items for consultations in rooms, out of rooms, in residential aged care facilities, during both business and after hours and telehealth (video only) consultations.
- GP telephone Level B consultations and all Other Medical Practitioner Level B equivalent items already include a minimum time and are not affected.
- GP consultations less than 6 minutes in length will continue to be available and billed at the MBS GP Level A consultation rate.





Compliance Risk reminder- 18 to 24 month review post implementation!

	General Practitioner	Medical Practitioner
STANDARD HOURS CONSULTATIONS		
In consulting rooms	123	151
Out of consulting rooms	124	165
Residential aged care facility	90054	90098
TELEHEALTH		
Video	91920	91923
Phone	-	-
AFTER HOURS CONSULTATIONS		
In consulting rooms	5071	5209
Out of consulting rooms	5076	5261
Residential aged care facility	5077	5262

Introduction of Level E items 1 November 2023

Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in this Schedule applies), lasting at least 60 minutes and including any of the following that are clinically relevant:

- (a) taking an extensive patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for one or more health related issues, with appropriate documentation





IN PARLIAMENT – Strengthening Medicare Bulk Billing Constraints

If legislation is passed, as at 1 November 2025 providers won't be able to submit bulk billed claims through any claiming channel more than 12 months after the date of service.

Patients will continue to be able to submit claims directly to Medicare with no restriction.

This only impacts bulk billed claims..... so far.

Whilst the legislation is still being approved, having this on the radar makes it more important than ever for providers to investigate and resolve any accounts receivables that may be outstanding.





Quick Wins and Actionable Take Aways



Billing compliance is the registered provider's legal responsibility, take it seriously!



Monitor and manage your rejected billing and outstanding receivables to maintain healthy cashflow in your practice



The MBS items,
Medicare and
Health Fund rules
are constantly
changing. Keep up
to date to avoid
leaving money on
the table



Read your reports regularly & question your staff on the metrics



Seek assistance if there is something you don't know before the financial health of your practice is impacted

Final Thought:

"Optimising billing is not just about 'more revenue' — it's about running a sustainable, fully compliant and thriving medical practice that focuses on patient needs."



Questions & Answers



Contact Us Today for a Free Billing Health Check

www.medbill.com.au

Phone: 1300 809 484

LinkedIn

www.linkedin.com/in/loryneinstein/

Thank you



Billing Compliance & Revenue Cycle Management
Solutions for Australian Private Health Providers



Medicare Risk and Compliance

Loryn Einstein
Founding
Director
Medbill



Thank you for joining us!



Our Bp Summit
Presentations
and Resources are available
via our Knowledge Base

Medicare Risk and Compliance

Loryn Einstein Founding Director Medbill