

FAQ

FREQUENTLY ASKED QUESTIONS



WEBINAR

Shared Debt Recovery Scheme

The Shared Debt Recovery Scheme (SDRS) commenced on 1 July 2019. The scheme is intended to introduce a fairer approach to address organisational billing practices and enables the Department of Health (DoH) to hold an employing or contracting organisation responsible for a portion of any debts incurred as a result of incorrect Medicare claiming.

This resource aims to help medical practices understand their responsibility in teaching registrars about Medicare billing and the consequences via the SDRS rules of your registrar getting it wrong.

What do my registrar and I need to know about the Shared Debt Recovery Scheme?

- The Shared Debt Recovery Scheme (SDRS) applies when the DoH conducts post-payment Medicare compliance audits.
- The purpose of the SDRS is to allow the Commonwealth to hold a practitioner and another party, including a medical practice, responsible for the right payment of compliance debts arising from incorrect billing under Medicare.
- The scheme allows the DoH to hold an employing or contracting organisation responsible for a portion of any debts incurred as a result of incorrect Medicare claiming. That is, not only the practitioner who 'owns the provider number.'
- The scheme will only apply if there is a relationship between the primary and secondary debtor and does not apply to all forms of audit.
- The scheme only applies to audits commenced from 1 July 2019 for services provided from 1 July 2018 onwards.

What is the ratio of shared debt?

A practitioner or primary debtor can be responsible for 65 per cent of the debt and the practice can be responsible for 35 per cent.

How can our practice safety-net to avoid a shared debt recovery?

It is vital all practice staff and doctors understand the importance of doctors billing correctly and the responsibility of each doctor to have a current location specific provider number.

Your practice can safety net against shared debt recovery by:

- Developing a written process detailing how doctors and practice staff communicate which items to bill following each appointment - and in a format which cannot be deleted, overwritten or altered.
- Introduce a practice policy at a staff meeting/ information session to explain the process and ensure that everybody understands the importance of managing the system appropriately. Ensure every staff member reads and signs the policy.
- Include the policy in the induction of all new staff and doctors and ensure all new staff members read and sign the policy.
- Refer to training modules on the Medicare website.



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How far back do audits go and over what timeframe?

Usually the two previous years. Often the first year is used for comparison only.

What are common GP errors audited by Medicare which registrars should know about?

Item numbers – General Practice

- Consults (Category 1 – Professional attendances)
That is level B (up to 20 minutes), level C (20 to 40 minutes) and level D (more than 40 minutes). If you solve three problems in 18 minutes – it is still a level B.

Mental health

- Explain to your registrar that they can only bill a consult with a mental health item if it is a physical urgent problem, and they will need good documentation to substantiate that.

E.g. Writing a script for an anti-hypertensive in a mental health consult does not constitute an urgent physical problem.

Chronic disease management (CDM)

- Chronic disease care plans are a big focus of Medicare because a lot of mistakes happen in this area.
- In relation to a TCA 723, ensure you meet the criteria of collaboration with a minimum of two other providers involved in the care of the patient with agreement from them via two-way communication.
- You need to have collaborated with other providers for the TCA before you can bill it.
- E.g. You cannot the next day after a consult, have your nurse set up the physiotherapist or podiatrist appointments/referral and then back date billing of the 723: you can only bill Medicare when the patient is face-to-face, and the item descriptor is completed.
- The only time you can bill the 723 without the patient having seen all team providers is in the case of using the five rebatable allied health items, but you still must have two-way communication and agreements by that allied health provider for that specific patient.

- If billing a second 732 (for the TCA), on the same day, check to ensure the patient has seen at least two other providers in the preceding period since you last billed either a new plan or the previous review, and include their feedback and review into the plan.

Bulk billing

When bulk billing for a service be aware that you can't make additional charges for that service.

This includes, but isn't limited to:

- any consumables used, including bandages and dressings
- record keeping fees
- a booking fee to be paid before each service
- an annual administration or registration fee

See: <https://www.humanservices.gov.au/organisations/health-professionals/subjects/bulk-bill-payments-health-professionals>

Items "in association"

Consult items are time and complexity based, so good notes are required to substantiate what you are billing – be careful not to "keep the clock running" if you move from doing a consult to a billed procedure. Medicare may investigate "items in association" if you are doing a lot of procedures with long consults.

Record keeping

- The record must include the name of the patient.
- The record must contain a separate entry for each attendance by the patient for a service.
- Each separate entry for a service must:
 - Include the date on which the service was rendered or initiated.
 - Provide sufficient clinical information to explain the service; and be completed at the time, or as soon as practicable after the service was rendered or initiated.
 - The record must be sufficiently comprehensible to enable another practitioner to effectively undertake the patient's ongoing care in reliance on the record.

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The 80/20 Rule

- A GP or OMP engages in inappropriate practice if they have rendered or initiated 80 or more professional attendance services on each of 20 or more days in a 12-month period (known as a “prescribed pattern of services”). This is commonly referred to as the 80:20 Rule.
- The 80:20 Rule is based on the number of professional attendance services per day, which may not be the same as the number of patients seen in a day. The 80 ‘services’ are as per the list on the website, it is the group A items that are counted: <https://www.health.gov.au/resources/collections/prescribed-pattern-of-service-the-8020-rule>

Is there a penalty payment if one of the items billed was incorrect? Or is just paying the item back enough?

This depends on which part of the compliance program the repayment relates to. See <https://www1.health.gov.au/internet/main/publishing.nsf/Content/compliance-audits-and-review>

Can we be held as secondary debtor for our registrar if we supervise but do not own the practice?

Registrars bill under their own provider number and have the same compliance requirements as any doctor. See <https://www1.health.gov.au/internet/main/publishing.nsf/Content/shared-debt-recovery-scheme-fact-sheet>

Who can I speak to if I have questions about the MBS?

Clarification of MBS item numbers and descriptors

<p>Time sensitive</p>	<p>Phone: Department of Health on 132 150</p> <p>When: Monday to Friday, 8.30am to 5pm local time.</p> <p>Important:</p> <ul style="list-style-type: none"> • Take detailed notes of the advice you receive, who provided the advice, and keep it in your medical legal file for future reference. • Keep up-to-date with MBS changes and apply to your practice.
<p>Not time sensitive</p>	<p>Email: askmbs@health.gov.au</p> <p>Important:</p> <ul style="list-style-type: none"> • Write a clear, and well-worded question. • Show that you have already read the descriptor and include the descriptor’s exact wording. <i>E.g. I have read the item descriptor as per below and I am confused /don’t understand. Can I do, X, Y and Z? [Insert descriptor wording here]</i> • Keep any advice you receive in your medico- legal file for future reference. • If the question is more clinical than legal and therefore the MBS may not be able to provide clear advice, contact your college for guidance. • Keep up to date with MBS changes and apply to your practice.

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Tips to manage Medicare billing

- Read the MBS – and contact the Department of Health if you need clarification on a particular item.
- If you are concerned, go for the lesser item and encourage your registrar to do the same.
- Don't rely on what others tell you, and don't be pressured into billing services you don't agree with.
- Remember that you are responsible for your provider number.
- Ensure all services, referrals and prescriptions are 'clinically relevant' and can be justified.
- If you sub-specialise, be even more scrupulous in your billing.
- Take time off! Working longer hours and thus higher than average billing in a full year, may bring you to the DoH's attention.
- Keep good notes.
- When in doubt, contact your MDO.

Resources

- <https://www.servicesaustralia.gov.au/organisations/health-professionals/subjects/mbs-education-health-professionals>
- Health provider compliance audits and reviews at <https://www1.health.gov.au/internet/main/publishing.nsf/Content/compliance-audits-and-review>
- Shared debt recovery scheme at <https://www1.health.gov.au/internet/main/publishing.nsf/Content/shared-debt-recovery-scheme-fact-sheet>
- MDA National articles (also search 'Medicare' in MDA National library)
 - *Review of MBS bulk bill incentive items* at <https://www.mdanational.com.au/advice-and-support/library/blogs/2019/07/review-of-mbs-bulk-bill-incentive-items>
 - *Billing errors prove costly for doctors* at <https://www.mdanational.com.au/advice-and-support/library/blogs/2019/08/billing-errors-prove-costly-for-doctors>

Further reading

- GPSA FAQs Managing Medicare Billing at <https://gpsupervisorsaustralia.org.au/download/6343/>
- GPSA FAQs Medicare Compliance at <https://gpsupervisorsaustralia.org.au/download/6350/>

Content reviewed by MDA National. If you need any advice and support, contact MDA National's Medico-legal Advisory Service team on 1800 011 255 or email advice@mdanational.com.au