



Be Prepared



PIP and Medicare Audits

Medicare Audits

- ❑ It is an automated process triggered by the number of items billed;
- ❑ GPs actions are not to blame for getting audited;
- ❑ You can 'self audit' to ensure that you are claiming correctly and that GPs are meeting requirements.

Medicare 2009-2010

- The focus for the 09-10 auditing period is:
 - After hours items;
 - Practice Nurse items;
 - Up-coding (billing for the more complex/larger/deeper excisions, skin flap repairs and wounds;
 - Over initiating CT scans and other diagnostic imaging.

PIP

- ❑ PIP audits are also automated and often occur after a practice has been registered with PIP for a certain time;
- ❑ You can check that you are meeting the requirements by viewing the guidelines for each of the incentives you are claiming.
- ❑ <http://www.medicareaustralia.gov.au/provider/incentives/pip/forms-guides.jsp>

Self Auditing

- There are some checks that you can make to ensure that your current procedures capture necessary evidence needed in case of an audit.

10993

- Use your billing package to search for the last fortnights billing of nurse item 10993;
- Go to the patient file and check that these were in fact immunisation and not just needles e.g. Neocytamin, ferrum H and other vitamins;
- Train reception staff to check with nurses if not advised to bill 10993. Assumption often leads to mis-billing.

Care Plans

- ❑ Ensure all requirements are recorded in the patient file in case evidence is needed.
- ❑ Ensure GPs know what is required, there are online learning modules available
<http://www.medicareaustralia.gov.au/CDM/> ;
- ❑ Ensure the patient has been seen by the GP more than twice before undertaking a care plan “usual GP”.

After Hours

- ❑ Ensure all requirements are recorded in the patient file in case evidence is needed;
- ❑ Those items specifying returning to and opening up the surgery are targeted and will require evidence so always put a reminder to go back and put in the patient file the next day.

Up-coding skin items

- ❑ Ensure GPs know what is required, there are online learning modules available <http://www.medicareaustralia.gov.au/skins/> ;
- ❑ Providers with higher than normal wound items will be targeted, keep detailed records and look for trends in your patient base e.g. high numbers of aged/diabetic patients;
- ❑ Photographs of ongoing wounds will help as evidence;
- ❑ Last year one provider had to re-pay \$400,000 and was banned from billing skin related item numbers for three years.

PIP

- PIP audits in 2008/09 generally covered:
 - After hours tier 1 and 3 incentives;
 - Practice Nurse PIP;
 - 2010 will see a program of audits around Mental Health Nurse Incentives.
 - Ensure you have records of timesheets and working hours for RNs;
 - Ensure you have copies of qualifications for MHN;
 - Ensure all requirements of after hours are being met, check mobile phone and answer machine messages are working at all times (do not assume as they DO check).

Be Prepared

- ❑ Audits are inevitable - be prepared;
- ❑ Preparation will make them less stressful:
 - Ensure that your systems collect the necessary evidence;
 - Spend time up-skilling GPs;
 - Make sure GPs are aware of the consequences;
 - Make sure front desk staff are aware of the importance of getting billing correct.
- ❑ A little prep will prevent a lot of stress and negative consequences.