

Auditing Visiting Medical Officers Claims

LOUISE DERLEY, DIRECTOR INTERNAL AUDIT & RISK, NSLHD

16 NOVEMBER 2020

A medical practitioner appointed under a service contract (whether the practitioner or his or her practice company is a party to the contract) to provide services as a visiting practitioner for monetary remuneration for or on behalf of the public health organisation concerned.

- Work under contract – not an employee
- Fee For Service – scale of fees for procedures
- Sessional – hourly rate
- Honorary – not for remuneration

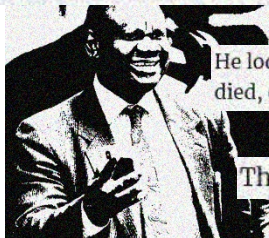


HEADLINES



The Institute of
Internal Auditors
Australia

Qld doctor guilty of \$360k Medicare fraud



He lodged about 4000 false claims for providing services to patients who had died, or on dates when he was overseas.

The claims were submitted through Medicare's online system.

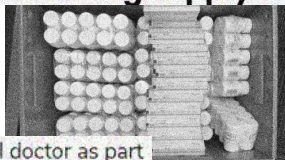
Doctor charged with 25 murders after prescribing unusual fentanyl doses



other bona fide qualified practitioners
have been struck off for

malpractice, mutilation and manslaughter.

QLD Doctor charged over illegal steroid and drug supply to bikies



a medical doctor as part
of a drug trafficking investigation

GP charged in medical certificate scam

The fake doctors who get away with medical fraud

"fake doctor" in New South Wales.

who had stolen the real Dr Chitale's identity

worked in the state's public health service as a junior doctor from
2003 until 2014



Coffs Doctor charged over the alleged incitement of sexual assault against a child

Coffs Harbour specialist

sent child abuse material before making arrangements

to meet with both the woman and girl for sex.

Connect ▶ **Support** ▶ **Advance**

Themes

- 1 **Fraud \$– VMO claims**
- 2 **Identity Fraud & Misconduct- Recruitment Processes, Credentialing, Practice Restrictions**
- 3 **Professional Misconduct -Incident Data, Patient Complaints, Workforce Complaints, Disciplinary and Performance reviews**
- 4 **Pharmacy fraud - Prescribing patterns**

Concerns



The Institute of
Internal Auditors
Australia

- Private patients – deducting time, are they claiming privates as non chargeable?
- Are we getting the hours of service claimed?
- Times of attendance
- Attendance at clinics – are they attending the clinic? Are they claiming for patients not seen
- Conflict with SS role and rights to private practice
- Multiple assignments
- Complexity of claims and correct use of MBS items
- Telehealth consults
- VMO Pandemic leave

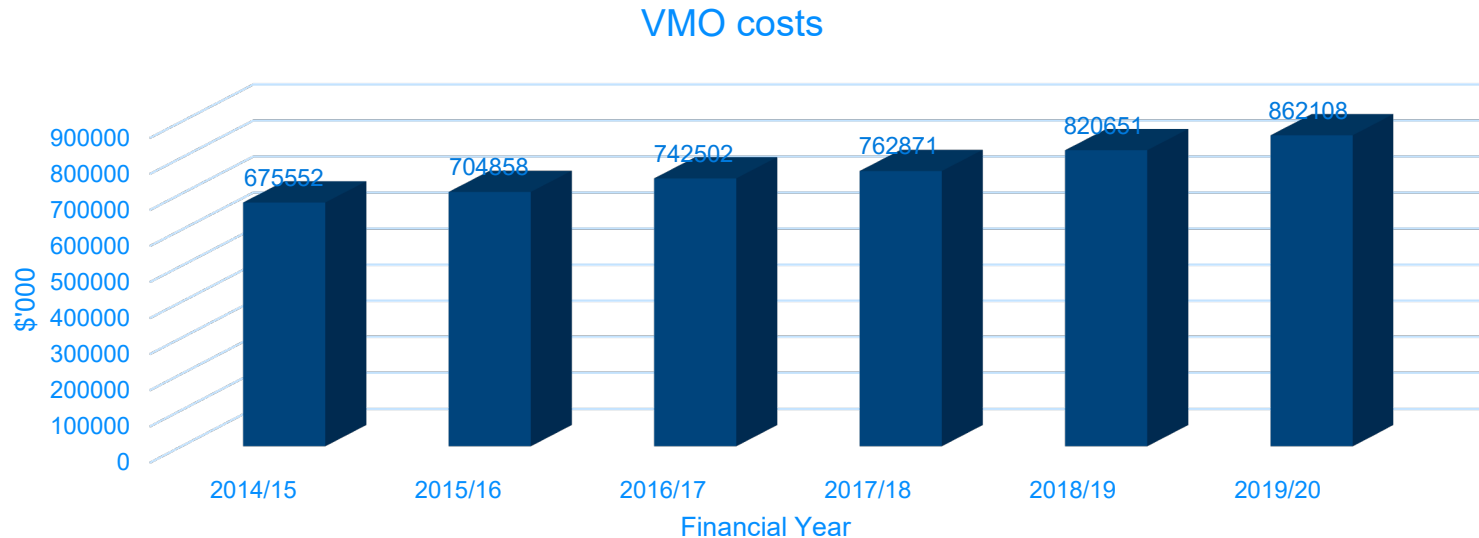
Concerns

- **Low index of suspicion**
- **Lack of expertise or direct knowledge to identify patterns or to recognise fraud**
- **Misconduct is often downgraded**

Claim Trends



The Institute of
Internal Auditors
Australia



Source : www.health.nsw.gov.au

Claims Checking

- **Minimum - Check financial class of patient, verify that in or outpatient on date claimed, sample verification back to medical record, verify meeting attendances, callbacks checked to oncall rosters & records, travel claims & emergency rates**
- **Medium – Basic analytics to identify high flyers/outliers – more detailed look into claims, verify times claimed back to theatre records etc., outpatients/clinic # pts claimed**
- **High – Detailed analytics, comparative analysis amongst peer groups, identify patterns, include expert review**

Red Flags & what to look for



The Institute of
Internal Auditors
Australia

- **Excessive/unusual claiming – look at outliers eg \$ / item claimed / hours**
- **Private patient deductions -% private to public patients**
- **High numbers of patients per session eg clinics**
- **Frequency of consults - ? disproportionate to acuity**
- **Time of day for attendance – is it an appropriate time to have undertaken a round, is a round being claimed when a call-back is being attended etc.**

Red Flags & what to look for

- **Multiple assignments - Two locations at same time**
- **Bulking up claims - Frequent use of higher paying item numbers**
- **Claims in aftercare period – charges for consults following procedures**
- **Consults at time of procedure – is there evidence in record, date last seen, is it an emergency case?**
- **Revisions – ensure primary procedure has been undertaken**

Going forward

- Review checking processes in place
- Determine reporting and frequency
- Implement analytics
- Go back to the medical record for evidence
- Enlist assistance of a subject expert if required
- Communicate your findings
- Good luck!

THANK YOU



If you have any questions or comments you would like to share, please feel free to contact Louise by email at Louise.Derley@health.nsw.gov.au