

Evaluation of
Avant's 2022
*Medicare
education
campaign*

Executive summary

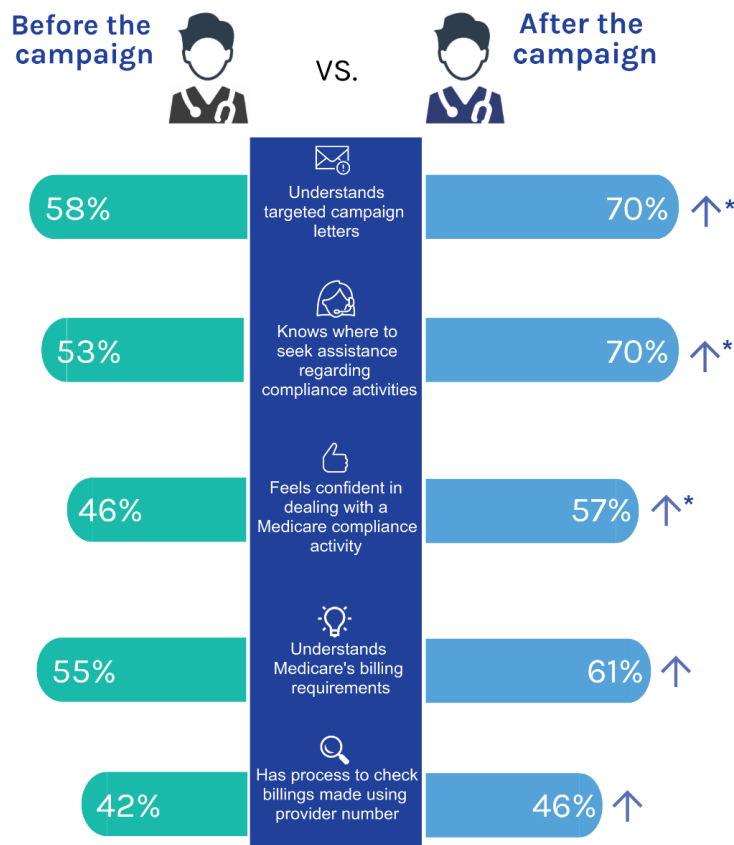
To assist doctors to improve their understanding of the rules of Medicare and to support compliance, Avant surveyed its members about challenges they faced with Medicare and provided a targeted education campaign. The campaign focused on areas where understanding could be improved by education. These included common misconceptions with Medicare billing, awareness of the multiple layers of Medicare compliance, and confidence in dealing appropriately with a Medicare compliance matter.

After the education campaign was delivered, members were surveyed again about their understanding of the rules of Medicare and their confidence dealing with compliance activities. The pre- and post-campaign surveys were open to currently practising members of

Avant. The pre-campaign survey had 1,503 responses. Post-campaign surveys were completed by 432 members who had completed the pre-campaign survey and who were exposed to campaign materials. The key significant improvements in understanding Medicare and compliance are shown in Figure 1.

A comparison of the pre- and post-campaign surveys indicated the advice in the campaign led to significant improvements in understanding and confidence in many elements of working with Medicare. These findings highlight the potential for appropriate information and education to increase doctors' compliance with Medicare's regulatory framework.

Did the Medicare campaign make an impact on doctors' knowledge, attitudes and practices related to Medicare?



*Statistically significant difference at p≤0.05

Figure 1. Summary of key findings

Background

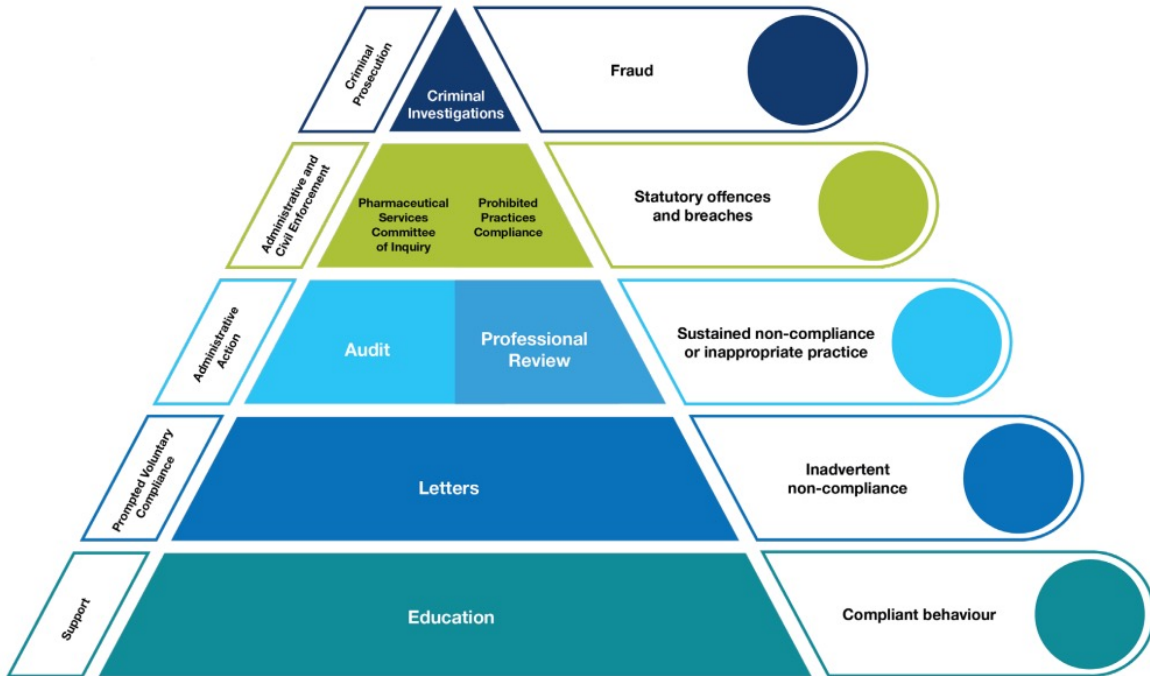
Medicare has been the system overseeing public funding of health services in Australia since 1984. Medicare funds free treatment in public hospitals and provides subsidies to support care in private hospitals and in the community through the Medicare Benefits Schedule (MBS).¹ Costs related to Medicare amounted to more than \$31 billion in 2022–23.² Given the scale of this expenditure, it is not surprising that Medicare has a system of regulation and compliance to support the integrity of the program.

Medicare’s compliance approach is currently implemented through a range of activities, shown in the compliance pyramid in Figure 2.³ Compliance measures can be educational and preventative, advisory after the identification of potential non-compliance, or can be an intervention. Depending on the seriousness of the compliance issue identified, health practitioners may receive targeted compliance letters which are preventative, or may face an intervention such as an audit, practitioner review or an investigation.⁴ Estimates from the Australian National Audit Office indicate 95% of activity is thought to be compliant, with non-compliance most likely inadvertent, and intentional non-compliance less common.⁵

There appears to be increasing anxiety about the complexity of the MBS, along with uncertainty about the different elements within Medicare’s compliance regime.⁶ There is also increasing concern about the impact of regulatory matters (Medicare compliance, patient complaints, and professional conduct claims) on the mental health of health professionals.⁷

An increasing number of calls to Avant’s Medico-legal Advisory Service (MLAS) since 2018–19 have confirmed a growing concern about compliance activities.⁸

In response to these increasing calls and with the aim of providing better targeted member education, Avant’s Advocacy, Education and Research (AER) Division surveyed members about their understanding and experiences using Medicare and Medicare compliance activities.



Note: this is not an escalation model, the response to instances of non-compliance will correspond with the type and seriousness of the behaviour. Source: Australian Government Department of Health, Health Provider Compliance Strategy 2022–23

Figure 2. Australian Department of Health provider compliance model

Medicare campaign objectives

In October 2022, Avant launched its Medicare campaign with the objective of helping members increase their understanding of the Medicare system and Medicare compliance, so they can practise confidently and safely. The campaign's goals were to:

- help members understand and apply the Medicare system
- assist members to understand the types of Medicare compliance activities
- increase the number of members implementing changes in practice to improve compliance with Medicare requirements
- help members be more confident and less anxious when involved in compliance activity.

About the Medicare campaign

A broad range of content was developed based on member feedback that had identified areas of confusion when using Medicare or referring to the MBS, and lack of understanding or awareness about Medicare compliance.

A marketing plan was developed to share the educational content and publicise the education activities between October 2022 and February 2023.

The Medicare campaign was amplified to Avant members initially through articles in the Avant email newsletters. The articles contained links to other education content published on the Avant website. Other channels included social media, YouTube, Avant's Connect magazine and a dedicated Medicare page on the Avant website.

Number of views of Medicare campaign content

There were almost 22,000 total views of the Medicare campaign content by the end of January 2023. The most viewed content were factsheets, FAQs and the Medicare Claims insight, followed by articles. The reported views do not represent unique views.

Table 1. Medicare campaign content and activities exposure from October 2022 to January 2023

Content or activity	Total views	%
Factsheets/ Claims insights/ FAQ	14,370	66%
Articles	5,054	23%
Website	832	4%
Webinars	763	4%
Vodcasts	674	3%
Video	64	0.29%
Podcast	32	0.15%
Total	21,789	100%

Total views data does not represent unique views.
Source: Google analytics

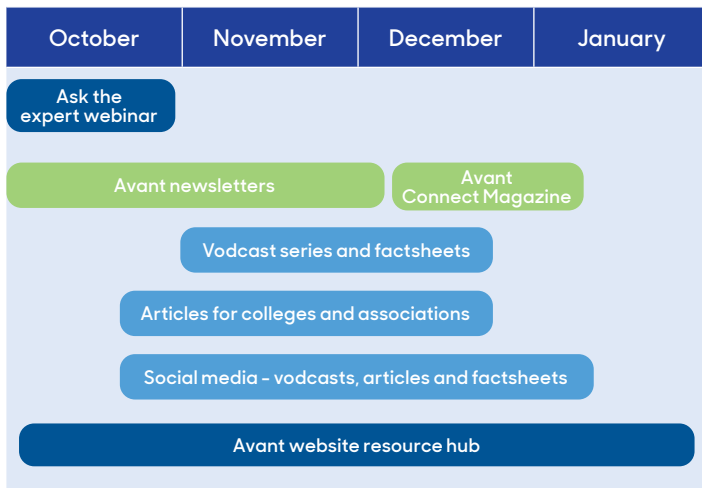


Figure 3. Overview of the Medicare campaign (October 2022 to January 2023)

Resources developed included frequently asked questions (FAQs), a series of seven vodcasts providing clarification of identified areas of potential confusion within Medicare, articles published online and in hard copy explaining Medicare complexity and compliance processes, a Medicare *Claims insights* (data analysis of Avant's Medicare related claims and regulatory complaints), along with a national webinar focusing on Medicare issues held in October 2022.

Methods

A pre-test post-test approach using repeated measures was conducted to determine changes in selected areas of knowledge, attitudes, and practices related to Medicare before and after the campaign.

Questionnaire design

A brief survey questionnaire was developed by Avant to assess understanding and awareness of common misconceptions with Medicare billing, awareness of the multiple layers of Medicare compliance, and confidence in dealing appropriately with a Medicare compliance matter. The full questionnaire is included as an appendix.

As well as demographic questions, the survey assessed agreement on a seven-point scale to key attitudinal and behavioural statements about Medicare compliance:

- I know where to look for information I require about Medicare billing.
- I understand Medicare's billing requirements.
- I have a process in place where I can check items billed under my provider number.
- It is important to keep up-to-date with clinical practices of peers and evaluate these against my own.
- I always consider Medicare's requirements when making my notes for a consultation.
- If I receive a compliance letter from Medicare, I know where to look for information to help me assess the situation.
- If I receive a compliance letter from Medicare, I know where to seek assistance to help me respond appropriately.

The survey also assessed knowledge of the different levels of Medicare compliance activities with five true/false statements:

- Targeted campaign letters are early intervention measures sent to prevent and correct inadvertent errors in billing.
- An audit is requested where there is suspected sustained non-compliance.
- An audit determines whether all the requirements for a particular benefit have been met. It does not review clinical appropriateness of treatment decisions.
- Only those who are deliberately fraudulent are at risk of being referred to a Professional Services Review.
- Only health professionals who have been through a Medicare audit can be involved in the Practitioner Review Program.

Questionnaire administration

Pre-campaign sample

The pre-campaign survey was conducted online in late September 2022 using SurveyMonkey. Email invitations containing a link to the survey were sent to about 34,000 Avant members in clinical practice. The invited members excluded students, interns and those not wanting to participate in surveys.

Post-campaign sample

The post-campaign survey was conducted in February 2023 after the end of the Medicare education campaign. Members who completed the pre-campaign survey were invited to participate in the post-campaign survey.

Data analysis

Excel datasets were cleaned and analysed. The aim of the analyses was to detect any significant differences (i.e. 2-sided p-value < 0.05) between pre- and post-campaign surveys. The McNemar test was performed to compare pre- and post-campaign survey results.

Ethics approval

Before proceeding with the evaluation, the risks associated with the research were assessed in accordance with the National Health and Medical Research Council's National statement on ethical conduct in human research 2007 (updated 2018).⁹ The research was considered to be low to negligible risk following an internal ethics review.

Results

Survey responses

Pre-campaign

More than 1,600 responses were received for the pre-campaign survey, representing a 4.7% response rate to the 34,000 emails. The final sample after excluding incomplete responses, was 1,503.

Post-campaign

Of those members who completed the pre-campaign survey, 432 members also responded to the post-campaign survey, achieving a 29% response rate.

Medicare campaign awareness and participation

Of the 432 post-campaign responses, nearly six in 10 (59%) doctors were aware of and viewed the Medicare campaign content. This was determined by asking doctors if they read, heard or participated in any of the content/activities of the campaign from October 2022 to January 2023.

Only those who participated in the campaign were included in the pre versus post analysis.

Characteristics of doctors who participated in the Medicare campaign and completed both surveys

More than half the respondents were general practitioners (38%) or doctors in training (24%), followed by physicians (14%) and surgeons (8%).

By stage of career, two in three respondents were doctors who have been in practice for more than five years.

Table 2.1 Profile of doctors who participated in both pre- and post-campaign surveys (n = 432)

Specialty group	Matched pairs
General practitioners	38%
Doctors in training	24%
Physicians	14%
Surgeons	8%
Acute hospital care doctors	7%
Psychiatrists	4%
Investigative specialists	4%
Other doctors	1%
Total	100%

Weighting was applied to the sample.

Table 2.2 Stage of career of doctors who participated in both pre- and post-campaign surveys (n = 432)

Stage of career	Matched pairs
Doctors in training	24%
5 years or less	9%
More than 5 years	66%
Total	100%

Total does not add up to 100% due to rounding. Weighting was applied to the sample.

Comparing results between pre- and post-campaign responses

Attitudes and practices that support Medicare compliance

Table 3 shows the changes in agreement with statements supporting Medicare understanding and compliance. There were increases in agreement for all seven statements suggesting the education campaign assisted doctors in understanding Medicare issues.

Doctors were asked whether they knew 'where to look for information they required about Medicare billing'. Positive responses increased from 60% to 63% after the campaign. Doctors were also asked about their understanding of Medicare's billing requirements. It was concerning that only 55% of respondents said they 'understand Medicare's billing requirements' before the campaign. A 6% increase was seen in those who participated in the campaign (61%). Neither of these were significant at $p < 0.05$ threshold.

Agreement on the importance of keeping up-to-date with medical practices of peers and considering Medicare requirements when writing consultation notes showed small but non-significant improvements. The campaign highlighted the need for doctors to know how to check Medicare items billed under their provider number. Less than half the respondents had a process in place for checking these items, both before the campaign (42%) and after (46%).

Sources of information and support when involved in a compliance activity

One of the aims of the campaign was to provide information on reputable sources of information and support for doctors involved in a Medicare compliance activity. Before the campaign, only 3 out of 10 doctors reported knowing 'where to look for information to assess the situation' if they received a Medicare compliance letter. The proportion significantly increased after the campaign (pre 30%, post 43%, $p = <0.001$). Similarly, the number of doctors who knew 'where to seek assistance to help them respond appropriately' to a Medicare compliance activity saw a statistically significant increase (pre 53%, post 70%, $p = <0.001$).

Table 3. Agreement towards Medicare statements (% who gave a top-3 agreement rating)

#	Statement	Pre-campaign	Post-campaign	Difference/p-value
1	I know where to look for information I require about Medicare billing.	60%	63%	+4% p = 0.35
2	I understand Medicare's billing requirements.	55%	61%	+6% p = 0.12
3	I have a process in place where I can check items billed under my provider number.	42%	46%	+4% p = 0.22
4	It is important to keep up-to-date with clinical practices of peers and evaluate these against my own.	71%	74%	+3% p = 0.35
5	I always consider Medicare's requirements when making my notes for a consultation.	59%	65%	+6% p = 0.08
6	If I receive a compliance letter from Medicare, I know where to look for information to help me assess the situation.	30%	43% ↑	+14% p = <0.001
7	If I receive a compliance letter from Medicare, I know where to seek assistance to help me respond appropriately.	53%	70% ↑	+17% p = <0.001

↑ Statistically significant difference at p ≤ 0.05.

Knowledge about specific compliance activities

As well as the 'understanding' question, doctors were asked whether a series of statements regarding Medicare compliance activities were true or false.

Before the campaign, most doctors gave correct answers regarding characteristics of audits, professional services reviews and practitioner review programs. Minimal changes were seen in the responses after the campaign.

Doctors were less familiar with targeted campaign letters before the campaign. Only 58% of doctors correctly identified the true statement that 'targeted campaign letters are early intervention measures sent to prevent and correct inadvertent errors in billing'. Table 4 shows the proportion of doctors who had knowledge about targeted campaign letters significantly increased after the campaign (pre 58%, post 70%, p = <0.01).

Table 4. Knowledge about Medicare compliance activities

#	Statement (desired response)	% who gave the correct answer		
		Pre-campaign	Post-campaign	Difference/p-value
1	Targeted campaign letters are early intervention measures sent to prevent and correct inadvertent errors in billing. (TRUE)	58%	70% ↑	+12% p = <0.01
2	An audit is requested where there is suspected sustained non-compliance. (TRUE)	71%	73%	+2% p = 0.61
3	An audit determines whether all the requirements for a particular benefit have been met. It does not review clinical appropriateness of treatment decisions. (TRUE)	68%	74%	+6% p = 0.08
4	Only those who are deliberately fraudulent are at risk of being referred to a Professional Services Review. (FALSE)	88%	86%	-1% p = 0.27
5	Only health professionals who have had an audit can be involved in a Practitioner Review Program. (FALSE)	93%	92%	-1% p = 0.68
6	None of the above (FALSE)	92%	95%	+3% p = 0.16

↑ Statistically significant difference at p ≤ 0.05.

Confidence in dealing with a Medicare compliance activity

One of the measures that saw significant change after the campaign was confidence in dealing with a Medicare compliance activity.

Before the campaign, 54% of doctors said they were not confident in dealing with a Medicare compliance activity. After the campaign, this was significantly reduced to 43% (p = <0.01).

Similarly, before the campaign 46% of doctors said they were confident in dealing with a Medicare compliance activity. Table 5 shows the proportion significantly increased to 57% after the campaign (p = <0.01).

Table 5. Confidence in dealing with a Medicare compliance activity

Confidence level	Pre-campaign	Post-campaign	Difference/p-value
Confident (extremely/very/somewhat confident)	46%	57% ↑	+11%, p = <0.01
Not confident (not so/not at all confident)	54%	43% ↓	-11%, p = <0.01

↑↓ Statistically significant difference at p ≤ 0.05.

Discussion

The pre-campaign survey highlighted low levels of confidence for doctors in dealing with some Medicare and compliance issues. Improved awareness and understanding across several areas, as well as improved confidence dealing with a Medicare compliance activity was found for those who participated in the education campaign. Statistically significant differences were seen in the understanding of targeted campaign letters, awareness of where to seek assistance and information regarding compliance activities, and confidence in dealing with a compliance activity.

Testing of specific knowledge components (rather than confidence) did not show consistent increases in correct response. This may suggest these items are less amenable to education. Alternatively, this may be evidence of a ceiling effect with the surveyed components, and analysis of different knowledge components may provide different results.

It is interesting that the campaign improved confidence in managing a compliance issue even though knowledge itself did not increase in many components. As a medical indemnity provider, Avant supports doctors dealing with Medicare compliance issues, and can provide the appropriate knowledge a doctor may need. It is more important that a doctor knows how to approach a Medicare compliance issue and where to obtain the appropriate advice, rather than each doctor having full knowledge of processes. Doctors just need to know to contact Avant if they receive a compliance matter.

In October 2022, doctors' compliance with Medicare was questioned in a series of media reports suggesting widespread inappropriate practice.¹⁰ Avant's experience is that the main contributor to non-compliance is the complexity of Medicare. The findings of this campaign support that position and Avant will continue to encourage appropriate education about Medicare processes which will improve compliance, as well as supporting doctors to navigate Medicare compliance issues.

In the 2023 Australian Government budget, additional funding was provided to support improved Medicare integrity (Budget 2023)¹¹ in line with the findings of the

2023 Philip review into Medicare integrity and compliance (Philip 2023).¹² It will be important for the focus of this new integrity program to identify knowledge gaps and inform doctors about appropriate medical practice, rather than wait for inadvertent non-compliance.

This evaluation assesses the impact of the Medicare campaign on Avant members. Specifically, it determines the extent of the shifts in pre-determined measures before and after the campaign.

One of the main reasons for Avant's Medicare campaign was to help members be more confident and less anxious when involved in a Medicare compliance activity. That is why messages about where to access support for compliance activities were included in the campaign. Experience within Avant showed some doctors were unsure about where to obtain support or information when faced with a compliance activity, which added to their stress and anxiety levels.

The results of this evaluation detail the impact of the Medicare campaign on Avant members who completed both surveys and may not reflect the knowledge, attitudes and practices of the wider population of health practitioners. However, the survey sample was representative of Avant's membership, which includes the majority of Australian doctors.

Conclusions

This campaign highlights the need for increased support for doctors to understand the use of Medicare items, and Medicare compliance issues. The comparison of the pre- and post-campaign surveys highlighted the potential for clear education material to improve this understanding, and this should be a priority for Medicare as it reviews its compliance activities.

Appendix: Questionnaire

1. Which of the following best describes you?

<input type="checkbox"/>	A doctor in training – intern, junior medical officer or registrar (including non-accredited)
<input type="checkbox"/>	A GP/specialist/health professional practising for 5 years or less
<input type="checkbox"/>	A GP/specialist/health professional practising for more than 5 years
<input type="checkbox"/>	Other (specify)

2. Which of the following describes the type of practice in which you work? Please answer based on your primary practice. If you distribute your time equally across multiple practices, please provide a response for each type of practice.

<input type="checkbox"/>	I'm a sole practitioner
<input type="checkbox"/>	A small practice with 2–5 practitioners
<input type="checkbox"/>	A medium-sized practice with 6–10 practitioners
<input type="checkbox"/>	A larger practice with more than 10 practitioners
<input type="checkbox"/>	A private hospital
<input type="checkbox"/>	A public hospital
<input type="checkbox"/>	Other (specify)

3. Where did you complete your undergraduate medical study?

<input type="checkbox"/>	In Australia	<input type="checkbox"/>	Elsewhere
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4. When you need information about Medicare, which of the following sources do you access? (Pre-campaign survey only)

	Always	Often	Sometimes	Rarely	Never
Department of Health and Aged Care website (Health.gov.au)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AskMBS email advice service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MBS online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RACGP website (racgp.org.au)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services Australia website (servicesaustralia.gov.au)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avant website (avant.org.au)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avant Medico-Legal Advisory service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Australian Medical Association website (ama.com.au)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My practice or hospital staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Medicare training providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social media (e.g. Facebook, Twitter, LinkedIn, Instagram)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Overall, how confident would you feel in dealing with a Medicare compliance activity (e.g. targeted campaign letters, formal audits)?

- Extremely confident
- Very confident
- Somewhat confident
- Not so confident
- Not at all confident

6. To what extent do you agree or disagree with the following statements?

	N/A	Do not agree at all 1	2	3	Neither 4	5	6	Completely agree 7
I know where to look for information I require about Medicare billing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand Medicare's billing requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a process in place where I can check items billed under my provider number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to keep up-to-date with clinical practices of peers and evaluate these against my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always consider Medicare's requirements when making my notes for a consultation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I receive a compliance letter from Medicare, I know where to look for information to help me assess the situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I receive a compliance letter from Medicare, I know where to seek assistance to help me respond appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Which of the following statements are true? You may select more than one.

- Targeted campaign letters are early intervention measures sent to prevent and correct inadvertent errors in billing.
- An audit is requested where there is suspected sustained non-compliance.
- An audit determines whether all the requirements for a particular benefit have been met. It does not review clinical appropriateness of treatment decisions.
- Only those who are deliberately fraudulent are at risk of being referred to a Professional Services Review.
- Only health professionals who have been through a Medicare audit can be involved in the Practitioner Review Program.
- None of the above

Notes

- ¹ Services Australia, [Health care and Medicare](#), Services Australia website, Australian Government, 7 July 2022, accessed 22 July 2023.
- ² Department of Health, [Budget 2022-23: new and amended Medicare Benefits Schedule listings](#), DoH, Australian Government, 29 March 2022, accessed 22 July 2023.
- ³ Department of Health, [Health provider compliance strategy 2021-22](#), DoH, Australian Government, 16 September 2021, accessed 22 July 2023.
- ⁴ Department of Health, [Health provider compliance strategy 2021-22](#).
- ⁵ Australian National Audit Office, '[Managing health provider compliance](#)', *Performance Audit Report: Auditor-General Report No 17 of 2020-21*, ANAO, Australian Government, 23 November 2020, accessed 22 July 2023.
- ⁶ M Faux, J Wardle, J Adams, 'Medicare billing, law and practice: complex, incomprehensible and beginning to unravel', *Journal of Law and Medicine*, 2019, 27:66-93.
- ⁷ O Bradfield, M Spittal, M Bismark, 'Health impairment allegations against doctors: qualitative analysis and insights for Australian general practitioners', *Australian Journal of General Practitioners*, 2023, 52(5):307-15 and O Bradfield, K Jenkins, M Spittal, M Bismark, 'Australian and New Zealand doctors' experiences of disciplinary notifications, investigations, proceedings and interventions relating to alleged mental health impairment: a qualitative analysis of interviews', *International Journal of Law and Psychiatry*, 2023, 86:101857.
- ⁸ Avant, [Claims and medico legal queries - Medicare](#), Avant website, 24 October 2022, accessed 22 July 2023.
- ⁹ National Health and Medical Research Council, [National statement on ethical conduct in human research](#), NHMRC, Australian Government, 2007 (updated 2018), accessed 22 July 2023.
- ¹⁰ A Ferguson and C Gillett, [Expert estimates \\$8 billion a year lost to Medicare fraud and waste](#), ABC News, 17 October 2022, accessed 1 Sep 2023.
- ¹¹ Department of Health and Aged Care, [Health Portfolio Budget Statements - Budget 2023-24](#), DHAC, Australian Government, 10 May 2023, accessed 30 May 2023.
- ¹² P Philip, [Independent review of Medicare integrity and compliance](#), report to the Australian Government Department of Health and Aged Care, 2023, accessed 22 July 2023.

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