(https://www.medicalobserver.com.au/)



# I stand accused of rorting Medicare. This is what it's like

Dr Anchita Karmakar (https://www.medicalobserver.com.au/author/dr-anchita-karmakar) 23 October 2017

**COMMENT**

**Dr Anchita Karmakar** knows first hand what's like to be bitten by the Medicare watchdog.

---

Doctors who are rorting Medicare should be exposed and prosecuted. Few people would dispute that. I certainly don't.

However, the process and procedures of investigating possible rorting should be fair and productive, and not breed fear and anxiety amongst doctors, or the public, which ultimately is harming patients, taxpayers and you.

Unfortunately, from my experience, which left me in hospital with a heart attack at the age of 37, we're a long way from achieving that goal.

On 15 September 2015, I received a call from a Medicare delegate. The conversation went like this. "We have noticed some unusual billing patterns within your practice and would like to come in for a face-to-face interview to address some issues and your understanding of Medicare billing."

I was given the impression that it was a friendly verification process, "just to keep a tab on things and to make sure all is going well".

Then came the interview. The purpose of this conversation, I was told, was to give me an opportunity to exchange my views regarding my understanding of Medicare and what certain item descriptions meant.

There was no hint to me that there might be any grave consequences arising from these innocent and friendly conversations. Then a few weeks later, a letter of allegation arrived, accusing me of wrongful and inappropriate billing. Following this, there was a request to undergo a Professional Services Review (PSR).

But here I should backtrack and tell you more of my circumstances: I am a local medical graduate who happens to speak fluent Japanese and English, and when all this happened I was working as a GP registrar on the Gold Coast in the daytime and as a non-VR for an after-hours corporate at night.

Due to my language skills, I had a large patient base of Japanese immigrants. Many of them had significant health issues, such as type 2 diabetes, due to diet and lifestyle changes following their move to Australia. I managed many of these patients with chronic disease

management plans, as I was taught to do.

At the same time, I was working for an after-hours corporate under the Federal Government's Approved Medical Deputising Service and was billing home visits as urgent and non-urgent consults as per their protocols and MBS item descriptor.

When the PSR came knocking, I sought help and advice from both the managers at the GP clinic and those at the after-hours service.

Yet, although they said they would support me by providing medical records etc., ultimately, they told me I was responsible for all my billings.

I was also told that I had a very poor understanding of Medicare billing, which was news to me. As a non-VR and trainee GP I was under their direct supervision and mentorship, but they had not thought to tell this to me until now.

Next stop was my medical defence organisation, which wanted me to "go with the flow" and not to fight. The lawyers also thought there were no procedural issues.

To me, it felt as though everyone assumed I was guilty of wilfully rorting Medicare – to the statistical tune of $498,000 – and so I'm now representing myself.

I am currently in stage I of the PSR process, preparing my submission that needs to be submitted in the first week of November, following an interview with the PSR director in August.

I must stress that my intention is not to publicise my case in order to have it dismissed. I am happy to be prosecuted if I am deemed to be guilty. However, I would like to be prosecuted fairly.

I feel the current Medicare audit process jeopardises the ability of myself and my colleagues to provide good quality care to patients who need complex medical care.

And I am determined to fight for the rights of people to have access to good quality, sustainable care.

My main argument is this: there are no commonly agreed peer-reviewed clinical standards or guidelines as to how to manage particular cohorts of patients or others, such as a group of Japanese immigrants, so how can I be judged to be over-servicing?

And who are these peers who review PSR cases? On what basis are they making these judgements?

I also feel that I have been misled and let down by my peers and mentors for doing what I thought (and was taught) to be the right thing.

In my experience, the Medicare audit process is not transparent or fair and is conducted like a prosecution rather than an educational process, and this needs to change.

What I'd like to see are national, commonly agreed, peer-reviewed clinical standards that are taught to junior doctors, mentors, supervisors, practices and the PSR.

On 8 October, I held a symposium in Brisbane called 'Risky Patient Billing' after which I received feedback from many doctors saying they were unaware of the rules around Medicare billings and how PSR audits are conducted.

You can see a **video** (https://armchairmedical.vhx.tv/rpb) of my presentation and one from David Dahm who runs a consulting, tax and advisory firm for healthcare professionals in Adelaide, who made an extensive submission to the 2011 Senate review of the PSR scheme.

The review established that there are no commonly peer-reviewed and agreed clinical standards and that there was a need for a similar ruling process for healthcare professionals as there is in the taxation system. Mr Dahm has confirmed nothing has changed since 2011.

I have also set up a **survey** (https://www.surveymonkey.com/r/5Y7RMWW) to gauge GPs' knowledge and experience of Medicare billing and audits.

**Tags:** **Medicare** (https://www.medicalobserver.com.au/tags/medicare), **General Practice** (https://www.medicalobserver.com.au/tags/general-practice)

## Author: Dr Anchita Karmakar

Anchita works as a part-time SMO at Queensland Health Boonah Hospital, and is an RMO at Sunshine Coast Private Hospital.

More articles by this author > (https://www.medicalobserver.com.au/author/dr-anchita-karmakar)

## Join The Conversation

There are 54 comments about this story