



Medicare Compensation Recovery program

Services Australia administers the Medicare Compensation Recovery program (the program) under the Health and Other Services (Compensation) 1995 Act, on behalf of the Department of Health. The program covers the recovery of Medicare benefits to customers whose compensation claims settled for more than \$5,000.

In the coming months, we'll be making a number of improvements to the program, including the development of a broader program strategy covering governance, remediation, resourcing, technology, communication and policy.

We aim to deliver a number of priority activities to improve the overall program, including:

- the modernisation of technology our staff use to process your claims
- a review of our procedures and processes
- regular communication with you.

These improvements will streamline our processes, reduce double handling and enable money to be returned quickly to customers. We are currently in the process of developing a communication package which we will share with you once available. In the meantime, we will continue to share information with you as it becomes available.

Our current focus

We are monitoring incoming work and health service delivery performance on a daily basis to maximise processing efficiencies.

We have reassigned resources to strengthen our capability to reduce the backlog of claims, paying particular attention to cases that are nearing legislative timeframes.

We have already seen a reduction in the number of backlogged claims and improvements in processing timeframes.

How you can help

There are some simple ways you can help us to be as efficient as possible with our claims processing.

- Limit requests for *Notices of past benefits* to claims that are within 6 months of settling.
- Any **initial** requests for Medicare history statements and associated Notices of past benefits will be processed.
- Any **subsequent** requests for Medicare history statements and associated Notices of past benefits for the same cases will be processed to the next stage only when the notifiable party has formally advised us of judgment/settlement or the claim is within six weeks of a documented trial or mediation date. If this is the case, please send an email with '**Mediation/trial date set**' in the subject line and confirm date in the email. Do not include personal/identifying information in the subject line.
- We will consider requests to process otherwise if exceptional circumstances apply (for example, cases involving nursing home/aged care/residential care costs or terminal/ 'end of life' cases).
- Make sure you are using current versions of forms and have completed all fields by providing consistent claimant information such as contact details, date of birth, date of injury, and date of settlement.

If you're in the legal sector:

- You do not need to call us to check if we have received your email. Please rely on the automated email response for confirmation.
- Clients need to return all pages on the Medicare history statement and declaration at the same time, even if there are no services listed relating to the compensable injury.
- Only submit requests for *Medicare history statements* or *Notices of past benefits* once a trial or mediation date has been set.

If you're a notifiable party:

- Submit the judgment/settlement form within 28 days of legal judgment/settlement.
- Provide complete identifying information such as claimant name, Medicare number and WIN when lodging Advance Payments, Remittance Advice and Notice of judgment/settlement. This allows us to match the advance payment to the case.