

Compliance and fraud referrals

Claims administration

✓ Authority and consent on claims

✓ Communication with stakeholders

Quality assurance

✓ File and diary maintenance

✓ Receiving and actioning requests for claim file

✓ Suspensions, ceases and refusal to deal

✓ Compliance and fraud

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Compliance means adhering to the requirements set by the legislation and any procedures, rules or requirements set by Comcare and our Group in relation to the claims' management process. Non-compliance therefore means failure to follow the rules.

Fraud is the wilful intent to deceive in order to obtain a benefit.

You do not need to determine which category your concern falls into. The Fraud Investigations Unit and Claims Compliance and Assurance team work closely together to assess all referrals we receive to determine the most appropriate pathway for assessment.

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Examples of compliance or fraud issues that may arise in the claims process

Examples of concerns you might have could include, but are not limited to:

- mention of a business or activity that has not been previously disclosed
- documentation, such as receipts, that look subtly different to those previously received from the provider
- indications from a claimant that they may not have received a service that we have been invoiced for
- a home help or gardening provider who may not be properly insured.

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What should I do if I have concerns?

The Claims Compliance and Assurance team in our Group is responsible for managing compliance related matters.

Importantly, you do not need to do any further 'investigating' regarding your concern (especially using and accessing information via social media). We do not require any sort of threshold to be met for a concern to be raised with us.

If you have concerns about a claim, please follow the following steps:

- speak to your Assistant Director about the matter and your concerns
- if your Assistant Director is satisfied the matter should be referred, email the Assistant Director of the Compliance and Assurance team or the Director of Claims Strategy and Governance (*Note: you may wish to call first to discuss the matter*).

Your referral email should be as factual and objective as possible, and include:

- details of the concern
- any folios, comments or conversations (email or phone) to which your concerns relate
- any actions or issues which may impact on the urgency of a compliance assessment (i.e., determinations)
- anything else you may feel is relevant to the issue or our compliance assessment process.

Details of your referral or compliance assessment should not be placed on the claim file.

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