RACGP submission:

Modernising the 'Assignment of Benefit' process for Medicare bulk billed services

December 2023

About the RACGP

The Royal Australian College of General Practitioners (RACGP) is the voice of general practitioners (GPs) in our growing cities and throughout rural and remote Australia. For more than 60 years, we have supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

As a national peak body representing over 40,000 members working in or towards a career in general practice, our core commitment is to support GPs from across the entirety of general practice to address the primary healthcare needs of the Australian population.

We cultivate a stronger profession by helping the GPs of today and tomorrow continue their professional development throughout their careers, from medical students and GPs in training to experienced GPs. We develop resources and guidelines to support GPs in providing their patients with world-class healthcare and help with the unique issues that affect their practices. We are a point of connection for GPs serving communities in every corner of the country.

Patient-centred care is at the heart of every Australian general practice, and at the heart of everything we do.

Executive summary

The concept of assignment of benefit is fundamentally flawed and challenging for patients to understand. Patients generally appreciate having no out-of-pocket expenses, yet they must consent to be provided with bulk billed care and receive a form documenting this. It is difficult to envisage any scenario where a patient would refuse to assign their benefit. Member feedback indicates that if current requirements are maintained, it will be far simpler for practices to privately bill patients who can then claim their rebate from Medicare.

Whilst the process is being reviewed due to perceived compliance risks, it is unclear how verbal consent – which has been permitted for telehealth services and remains a temporary measure – is contributing to fraudulent Medicare claiming. Complicating the process by requiring physical signatures will only cause GPs to further abandon bulk billing due to perceived red tape and excessive regulation.

This is a complex legal issue and the RACGP cannot offer a definitive solution, however our submission proposes various changes which could streamline the process whilst preserving the integrity of Medicare. We encourage further consultation before the implementation of any legislative amendments to assess the impact on providers and patients.

Our key recommendations are that patients be able to provide a digital signature at the point of consultation for face-to-face services, or shortly afterwards using a secure mobile app. Verbal consent should be retained permanently for telehealth services. A digital solution for documenting consent that is fully integrated with existing clinical information systems and utilises existing data from these systems will support current clinical workflows and avoid an overly burdensome administrative process.

Introduction

Assignment of benefit requirements, whereby a patient must assign their Medicare Benefits Schedule (MBS) rebate to a healthcare provider as full payment for a service when they are bulk billed, are seen by many GPs as onerous and a barrier to providing affordable care. The legislative requirements, outlined in section 20A of the *Health Insurance Act 1973*, are outdated and must be modernised to align with current general practice workflows. The RACGP is keen to explore better solutions in collaboration with the Department of Health and Aged Care (DoHAC) and other stakeholders.

Updated advice on assignment of benefit rules for telehealth consultations was published on the Services Australia website on 21 September 2023. While providers can still obtain verbal consent for telehealth consultations, this must now be documented via one of two approved forms. This is an inefficient and cumbersome solution that runs counter to the efficiencies we are realising as our health system becomes increasingly digital. The RACGP respects the principles of

provider accountability and acknowledges concerns around fraudulent claiming, however the current process is ineffective from a compliance standpoint and is simply adding to the administrative burden of busy GPs and practice teams.

The RACGP has received a high volume of frustrated enquiries from members about the change to documentation requirements for bulk billed telehealth consultations. Unsurprisingly, the updated advice has also prompted queries about the rules for face-to-face consultations, and highlighted issues with the assignment of benefit process overall. Notably, many members have indicated they are reluctant to continue bulk billing telehealth consultations. A *newsGP* poll of more than 2,600 GPs, undertaken from 2–9 October 2023, found that 93% are more likely to privately bill telehealth consultations due to red tape.

Governments have been slow to provide funding for the use of communication technologies in the primary healthcare sector, despite other industries being early adopters of innovative digital platforms for their customers (eg the banking sector). Broader amendments to the *Health Insurance Act* are needed to modernise the delivery of healthcare, with consideration of solutions implemented across other areas.

The RACGP acknowledges DoHAC's willingness to engage with key stakeholders on the assignment of benefit issue, and we appreciate their responsiveness when we have provided feedback and asked questions. We look forward to continuing to work together to simplify the process and minimise red tape in general practice.

Key assignment of benefit principles

There are two main principles that need to be applied and tested vigorously across any proposed changes to the assignment of benefit process.

1. An **equity principle** to avoid inadvertently worsening disparities in access to health services and health outcomes. Practices that bulk bill most of their patients, where they cannot afford gap fees, are servicing communities that tend to have more complex problems, including multimorbidity, disability and mental health issues. Further complicating the assignment of benefit process will reduce the capacity of these practices to provide affordable and accessible care, potentially worsening health outcomes for at risk populations.

   Attention also needs to be paid to the digital divide – both in terms of access to IT/internet infrastructure for practices, and access to phones, laptops and reliable internet for patients.

2. An **efficiency principle** to avoid increasing bureaucracy/red tape and placing a large administrative burden on practices. GPs need to be able to devote as much time as possible to direct patient care, particularly where they bulk bill the majority of their patients with complex health conditions.

Responses to consultation questions

1. What does your ideal assignment of benefit process look like?

Face-to-face consultations

The RACGP supports a move away from the current paper-based system to a fully digital solution that simplifies the assignment of benefit process for all involved. For face-to-face consultations, the quickest and easiest option is for patients to assign their benefit by providing a digital signature. For practices using Medicare Easyclaim, a digital signature can be provided by pressing the OK or YES button on the EFTPOS terminal. This enables the process to be completed before the patient leaves the practice, mitigating the risk of delayed or non-responses. DoHAC and Services Australia should work together to increase uptake of Medicare Easyclaim in general practice.

One of the issues with this approach is that patients may leave the practice without stopping at the front desk/reception when they are bulk billed, as they know they do not have to pay a fee. Consumer education is therefore key to ensure patients recognise they need to provide a digital signature after their consultation. The RACGP would support a patient awareness and education campaign to assist with this, as mentioned on page 23 of DoHAC's discussion paper. It is

highly unlikely that many patients understand the concept of assigning their benefit to a healthcare provider when they are bulk billed, and this needs to be explained in a simple, clear way to ensure they are aware of their rights and obligations.

Another approach could be for patients to assign their benefit after their consultation by following a simple process on their smartphone to provide a digital signature. Software companies could develop an automated solution whereby patients receive a push notification directing them to the Express Plus Medicare mobile app, and simply press a button or tick a box to assign their benefit. This option may not be appropriate for all patients however, including those who are older and do not use a smartphone. In these cases, or if the app is not working, practices need a simple alternative option such as an iPad or a digital kiosk, with practice staff assisting patients.

The Medicare app may not address digital equity issues, however it is reliable and will work well in most settings. The RACGP prefers this option to SMS messages, which have become associated with scams and will increase costs for practices. Provided outages are not common, the app offers a simpler workflow for all involved and includes a digital trail of the assignment of benefit for compliance purposes.

The RACGP recommends that verbal consent be permitted for face-to-face consultations in exceptional circumstances, such as where a patient does not have access to a smartphone, or the practice does not use the Medicare Easyclaim system. We understand providers must complete a declaration that they have followed the assignment of benefit process when submitting a claim to Medicare. Requiring providers to declare that the patient has assigned their benefit verbally limits the risk of non-compliant claims.

RECOMMENDATIONS:

- Practices should be encouraged and supported to use Medicare Easyclaim, which would allow patients to assign their benefit using a digital signature.
- DoHAC should develop a patient education campaign to improve understanding of the assignment of benefit process.
- DoHAC and Services Australia should work with software companies to develop an automated solution for assignment of benefit if Medicare Easyclaim cannot be used. Patients would ideally receive a push notification directing them to the Express Plus Medicare mobile app to assign their benefit to the GP.
- Verbal consent should be permitted for face-to-face consultations in exceptional circumstances, with providers declaring the correct process has been followed when submitting a claim to Medicare.

Telehealth consultations

The RACGP's preference is for verbal consent to remain available for bulk billed telehealth consultations permanently, with a solution to record consent for the assignment of benefit which minimises the administrative impact on GPs, practice teams and their patients.

The most recent advice from DoHAC is that verbal consent for telehealth is a temporary policy measure with no confirmed end date, established in response to the COVID-19 pandemic. The RACGP's view is that alternative solutions to obtaining verbal agreement are likely to be untenable for telehealth. Requiring patients to provide a physical signature by mailing them a copy of the assignment of benefit form, or respond to an email, will delay Medicare claims being processed. Many patients will simply not respond when they receive the form. Another option may be to request consent from a patient when they next visit the practice, however there is no guarantee if or when this would occur.

RECOMMENDATION:

- Verbal consent be retained permanently for telehealth consultations (video and phone). The patient would be asked during the consultation if they consent to their benefit being assigned to the GP.

Documenting a patient's assignment of benefit

The documentation process for assignment of benefit also requires significant revisions. The approved forms – DB4E and DB020 – do not integrate with practice software. The RACGP recommends DoHAC work with software vendors to

develop a way to document assignment of benefit that is attached to the patient's medical record, noting this could be quite a complex task. Rather than completing a form, the provider would ideally tick a box or add a note to the patient's file confirming that consent has been provided. A simplified digital form that is fully integrated with different versions of practice software could enable providers to pre-populate patient details. The only fields that would require updating between consultations are the date and the item number/s billed, saving GPs considerable time.

A fully electronic assignment of benefit process will also eliminate the need to keep paper copies of forms at the practice, as a digital record will be available in the patient's file. This would serve as evidence that the process has been completed properly.

RECOMMENDATIONS:

- The two current assignment of benefit forms – DB4E and DB020 – should be removed.
- Software vendors should develop a way to document assignment of benefit that is attached to the patient's medical record. This could involve ticking a box, adding a note to the patient's file, or completing a simplified form that can be pre-populated with patient details.

Alternative proposal

An alternative approach could be to dispense with the assignment of benefit process entirely, and give patients a statement showing what bulk billed services they have received during a particular period (eg every month). This could be a paper or electronic statement depending on the patient's preference, and they would also have the option of viewing their Medicare history any time through myGov or My Health Record. Patients could then query any erroneous claims, as they are able to do presently. We acknowledge this would be a radical departure from a fundamental principle underpinning Medicare (that the rebate belongs to the patient), however it would reflect the fact that 'assignment of benefit' is a novel concept to most patients that is challenging to monitor and enforce.

2. What are the current main workflow 'pain points' for assignment of benefit?

Approved assignment of benefit forms

The approved forms (DB4E and DB020), which are editable PDF documents, do not integrate with general practice software. Additionally, the forms look very similar and GPs may be unaware which one to use and when, unless they understand the different Medicare claiming channels.

Consent required for every bulk billed consultation

GPs are required to obtain patient consent for every bulk billed telehealth consultation, even if the patient regularly seeks care at the practice. Options to simplify this process include requesting consent from the patient at their first consultation each year, linking patient consent to the established clinical relationship requirement for telehealth where possible, or allowing consent to be obtained as part of MyMedicare enrolment. This would require amendments to the *Health Insurance Act,* but would drive efficiencies at a practice level and assist with MyMedicare uptake.

RECOMMENDATION:

- Consideration be given to reducing the frequency of assignment of benefit for regular patients of a practice as part of any legislative amendments.

Confusion around assignment of benefit rules

The assignment of benefit has been the subject of confusing and inconsistent information, which has resulted in numerous enquiries to the RACGP seeking clarity on what is required. Examples of this are outlined below. The RACGP

has also developed a table of scenarios for different types of consultations and claiming channels, which was sent to DoHAC on 9 November 2023 for review and feedback (**Appendix A**)*.

Issue	Details
Advice on when verbal consent is permitted for telehealth services	The Services Australia website states the following: *If you can't get patient agreement in writing or by email for telehealth services, you can get verbal agreement from your patient during the telehealth consultation.* This conflicts with what the RACGP has been told by DoHAC, which is that providers do not need a reason to obtain verbal consent. Simply conducting a consultation via telehealth is sufficient given the impracticality of providing a physical signature. Clearer advice needs to be issued to minimise time spent trying to obtain consent through some other means unnecessarily.
Retention of assignment of benefit documents	The Services Australia website states the following: *You should keep a copy of all correspondence, claims and forms for at least 2 years. This is for auditing purposes if you are subject to a compliance review.* Similarly, a fact sheet on assignment of benefit requirements for telehealth services, published on MBS Online, advises that 'providers should retain contemporaneous records for up to 2 years for possible review'. Another page on the Services Australia website states that 'you no longer need to store assignment of benefit forms at the practice if you're using Medicare Online'. DoHAC has advised verbally that retaining copies of assignment of benefit forms is not a legislative requirement, however it is good practice for providers to keep contemporaneous records. The RACGP believes it has not been made clear in published materials what is required for face-to-face and telehealth consultations, as well as different claiming channels. For instance, we now understand that retaining copies of the forms is not legally required for any consultation/claiming channel, however explicit advice on this has only been published in relation to Medicare Online. Furthermore, the advice for users of Medicare Online is on a separate webpage to other assignment of benefit information, meaning providers may be unaware of it. A centralised access point for advice and materials on this topic would be helpful to reduce confusion.
Providing a copy of the form to the patient	Page 5 of the assignment of benefit fact sheet on MBS Online says that 'a copy of the completed form must be sent electronically (for example, via email or text) to the patient'. However, page 7 of the same document advises that 'the patient must be provided a signed digital or paper copy of the assignment of benefit form', with an electronic copy preferred as it demonstrates compliance on the part of the healthcare provider. There may be some situations where providers cannot send patients an electronic copy (eg patient is elderly and does not have a smartphone or use email). Additionally, some patients may be unwilling to receive an electronic copy of the form due to concerns about their personal information being compromised online.

*Appendix A was developed over a month ago. The RACGP has since received updated advice on certain aspects of the assignment of benefit process (for example, we have been advised it is not a legislative requirement to retain copies of assignment of benefit forms, although it is considered good practice to do so). Despite this, many of the queries outlined in the document remain unresolved. It is also intended to highlight the complexity of the current process and the need to centralise information on the DoHAC and Services Australia websites.

Issue	Details
Medicare Easyclaim	The Services Australia website includes the following advice in relation to Medicare Easyclaim: *For Medicare Easyclaim, consent from the patient, the patient's parent, guardian or other responsible person is acceptable. Press the OK or YES button on the EFTPOS terminal.* The RACGP initially understood this to mean that once patients had pressed the button on the EFTPOS machine, they did not need to be provided with a copy of the assignment of benefit form. We now understand that the EFTPOS machine provides a receipt and a copy must be offered to the patient. This should be stated on the website so providers do not mistakenly think they must complete one of the approved forms (DB4E or DB020) when using Medicare Easyclaim. The RACGP has also sought clarification on what would happen if the patient simply left the practice without pressing the OK button. Is there an expectation that the GP would seek their consent post-consultation in some other way?
Forms/templates currently available through practice software	The RACGP has been advised that various software vendors, including Best Practice and Pracsoft (part of Medical Director), provide a receipt when a patient assigns their benefit during a bulk billed consultation. This document does not replicate the approved PDF forms currently available on the Services Australia website, but there is a statement at the top that it is the approved form as prescribed under Section 20A of the *Health Insurance Act*. The RACGP requests clarification on whether this document is compliant, as we understand any changes to the approved forms, however minor, render them invalid. Details of any assignment of benefit templates currently available in clinical/practice software should be published on the Services Australia website, as the RACGP has received several queries about the validity of inbuilt forms.
Aged care consultations where the patient is unable to provide consent	In situations where a patient is unable to assign their benefit via signature, email or verbally (for telehealth services), it appears the approved form must be sent to a 'responsible person' (via hard copy or email) to sign in order for the claim to be compliant. However, it is unclear what would happen if the form were not returned to the GP.

RECOMMENDATIONS:

- Information about the assignment of benefit process be centralised on the DoHAC or Services Australia websites.
- Current materials should be reviewed to ensure information is clear and consistent.
- DoHAC should provide clarity on the validity of any assignment of benefit templates currently available in general practice software.

Medicare compliance

The RACGP has always supported ethical and responsible billing practices. However, we have long maintained that the MBS and the Medicare claiming system are unnecessarily complex and do not reflect the way GPs deliver person-centred, comprehensive, coordinated and holistic healthcare. This complexity is contributing to inadvertent billing errors and technical non-compliance, rather than deliberate non-compliance.

There are concerns about compliance activities potentially being undertaken around the assignment of benefit. The regulatory burden facing GPs continues to grow[1], and the prospect of further compliance measures may lead to the introduction of private fees and reduce access to care.

We understand the government is concerned about the risk of fraud associated with verbal consent, as providers may bill items without a consultation taking place. This was highlighted in the Australian National Audit Office's (ANAO) report on the expansion of telehealth services. However, current arrangements are antiquated and are unlikely to be preventing any fraudulent claiming. It is unclear how many fraudulent claims have been submitted by health providers who have failed to follow the assignment of benefit process for bulk billed services.

DoHAC has acknowledged that the key determinant of a compliant claim is that patients are given a copy of the assignment of benefit form, however there is no way to monitor this. In many cases, patients will simply refuse to accept a copy, or they will dispose of the form once they receive it.

The RACGP welcomed Minister Butler's announcement on Friday 6 October 2023 that until changes to the process are implemented, there are no plans to pursue any broad punitive actions on this issue unless related to fraudulent claims against Medicare. The RACGP would like assurances that this approach will continue. Providers must be given reasonable time to adapt their systems and workflows in response to any new requirements.

RECOMMENDATIONS:

- DoHAC adopt a cautious approach to Medicare compliance activities in relation to assignment of benefit.
- Compliance activities should not be undertaken unless related to suspected fraudulent claiming.
- Providers must be given reasonable time to adapt their systems and workflows in response to any new legislative requirements.

3. What barriers hinder the use of digital assignment by providers and patients, and how could these be overcome (for practices/practice managers/service providers/hospitals/patients)?

Current barriers for GPs include:

- a lack of seamless and integrated systems which enable the transfer of information between patients and general practices to be managed safely, reliably and effectively
- legislative requirements which have not kept pace with changes in technology, creating inefficiencies for GPs and diverting their time away from providing essential medical care for patients
- the need to manually record information, which can result in information not being appropriately incorporated into the patient's record and is an administrative burden
- confusing messaging for GPs on what is required, what needs to be documented and how this documentation needs to be managed, which creates frustration and impacts GPs' ability to comply with legislative processes
- cognitive overload, leading to apathy around processes which aren't familiar to providers
- a lack of understanding across the healthcare sector, including general practice, that electronic signatures are acceptable and may come in various forms including a tick box or a name added to the signature field on an electronic form.

Barriers for patients revolve around digital literacy and assets. While a digital solution to the assignment of benefit issue is strongly encouraged, factors such as ageism and rural/remote discrepancies may create barriers to adoption. Alternatives need to be available to ensure equitable access for patients to their Medicare benefits.

RECOMMENDATION:

- Digital solutions to the assignment of benefit issue should be implemented wherever possible, however alternative arrangements for patients with low levels of digital literacy are also essential.

4. What technologies are already in practices/hospitals that could support electronic assignment of benefit? What is missing?

General practice has been an early adopter of electronic clinical, administrative and communication systems. This has enabled the sector to increase the quality, safety and efficiency of care provided.[2] Most practices now operate entirely digitally and do not maintain supplementary hard copy patient records as part of a commitment to reduce their carbon

footprint. Practices already have access to electronic appointment systems, practice management systems, billing software and triaging software to optimise workflows. Patients' mobile phones are widely utilised (eg for appointment reminders) and some practices have self-serve terminals or kiosks for patients to use. Regulatory reform rather than new technologies is needed to facilitate and optimise the assignment of benefit process.

Most Australian general practices use electronic clinical information systems, which are vital tools in the delivery of safe and high-quality healthcare and good practice management. The most efficient way to capture assignment of benefit is to integrate a fully digital solution into existing clinical systems, to support current workflows.

The reference to 'in practices' in this question neglects the fact that patients receiving telehealth services are not in the same location as the GP and practice staff. Separate arrangements for telehealth, which has been widely adopted during the COVID-19 pandemic, must therefore be considered.

RECOMMENDATION:

- Inspiration could be drawn from digital solutions implemented by other sectors (eg banking) to support secure transactions and protect the personal information of customers.

5. Are there populations for whom electronic assignment of benefit is likely to be more challenging? Is there any population for which is it not considered feasible?

Populations for whom electronic assignment of benefit presents possible challenges include:

- older people
- people with disability
- Aboriginal and Torres Strait Islander people
- those who are financially disadvantaged and are unable to afford quality IT systems and/or access to large data plans
- people living in rural and remote areas with poor phone/internet access
- homeless people
- anyone with poor digital literacy.

As per the Australian Digital Inclusion Index, there is a considerable digital gap between First Nations and non-First Nations people in Australia. The digital gap in 2023 is 7.5. The gap is particularly pronounced between First Nations and non-First Nations people living in remote (21.6 points) and very remote (23.5 points) locations, although it exists across most areas regardless of remoteness. Access is a critical issue in remote First Nations communities.[3]

There will always be sections of the population that are highly excluded from digital participation, and anecdotally these groups are more likely to be bulk billed. According to the Digital Inclusion Index, 9.4% of the Australian population is highly excluded and some groups – particularly people over 75 years of age and those who did not complete secondary school – continue to experience higher levels of digital exclusion.[3] Digital solutions for assignment of benefit will therefore present challenges for these cohorts.

RECOMMENDATION:

- Information directed at patients about the assignment of benefit process should be made available in multiple languages to assist those from culturally and linguistically diverse (CALD) backgrounds.

6. Would pre-payment validation help reduce providers' concerns about their risk of post-payment audits?

The RACGP strongly cautions against any changes that would delay Medicare payments being processed due to assignment of benefit requirements. Pre-payment validation could, in theory, alleviate concerns from a compliance perspective, however it could also lead to a further reduction in bulk billing. Without proper implementation, this could be a 'band aid' solution that fails to address the root cause of issues with the current process.

Some appointment booking systems require a valid credit card that will be billed post-appointment. This is mainly designed to mitigate the risk of patients not paying the fee for their consultation. There is potential for these systems to include fine print about the assignment of benefit, however the RACGP is unsure how this would work in practice given the patient's benefit must be assigned after the consultation.

RECOMMENDATION:

- DoHAC undertake further consultation with key stakeholders prior to the implementation of pre-payment validation, if this is deemed a suitable option. There are concerns this may lead to delays in Medicare payments being processed, which could reduce the bulk billing rate even further.

7. What kind of prompt for electronic signature is most likely to get a timely response from patients?

This will be patient dependent. Requests for patient signatures should not impose additional costs for providers (eg SMS charges to obtain a signature, delay in payment for the service provided).

RECOMMENDATION:

- Any signature prompts should contain clear and simple language, personalisation from the practice to reduce scepticism around scams, and be sent by the receptionist or practice staff at the point of consultation to ensure timeliness.

7a. Does the requestor (eg practice, Government, or a third-party such as a hospital) matter?

The RACGP is unsure whether different requestors would elicit different responses from patients who receive a prompt to assign their benefit. If these prompts were auto generated by practice software, the request would come directly from the practice.

It is assumed that patients may be more responsive to a message or request from the GP/practice, particularly where a relationship of trust has been built up over time.

RECOMMENDATION:

- A suitable trial period be imposed for any new assignment of benefit process to ascertain if the requestor has any impact on a patient's willingness to assign their benefit.

7b. How might patient-targeting scams be mitigated?

There will be a need for consumer education to ensure patients understand why they need to supply a signature, who will request a signature and what this request will look like. Education should also include details on what information patients will never be asked to supply when assigning benefits, such as bank and credit card details, Medicare details or other personal information. GPs and practice staff should not be expected to provide this education themselves, as this could further exacerbate the issues of administrative burden, stress and burnout which are contributing to workforce shortages in the sector.

RECOMMENDATIONS:

- DoHAC develop consumer education on the assignment of benefit process for patients to mitigate the risk of scams and personal information being compromised.
- A request for patients to assign their benefit should be issued in a timely manner at the point of consultation, as any delay may then slow the process overall and result in prompts being misinterpreted as scams.

8. How should patients' delayed or non-responses be managed?

Ideally the revised assignment of benefit process will be fully automated, reducing or even eliminating the risk of delayed or non-responses. The legislation should include protections for providers who have made every reasonable effort to obtain consent to bulk bill patients, so they are not at an ongoing disadvantage for services provided.

Management of delayed or non-responses should largely be dealt with at a practice level. Practices should implement processes they consider appropriate, as they currently do for non-payment of services or appointment cancellations.

The RACGP is wary of providers not being paid for their services because of a patient not assigning their benefit, which highlights the importance of making the process as straightforward as possible. Delayed payments for GPs who bulk bill may have the perverse effect of a further reduction in bulk billing, reducing access to care for patients across Australia. Consideration may need to be given to allowing verbal assignment of benefit in exceptional cases, such as for patients who have repeatedly failed to assign their benefit but are clearly unable to afford gap fees. In these situations, the provider could add a note to the patient's medical record, or when submitting the claim to Medicare, explaining why verbal assignment was necessary.

RECOMMENDATIONS:

- Medicare Easyclaim should be used where possible for face-to-face services, allowing patients to provide a digital signature at the point of consultation. For telehealth services, verbal consent should be provided during the consultation.
- In situations where a benefit is not assigned during or immediately after the consultation, practices should consider options for dealing with delayed or non-responses as they currently do for missed appointments etc.
- Another approach could be for Services Australia to inform the patient, by email or SMS, that their benefit will be automatically assigned to the practitioner after a certain time if the patient has no objections.

9. What information should be collected to document an assignment, in addition to information provided for claiming purposes?

The information collected should be as minimal as possible to limit the time GPs spend on administrative work. The current forms include several fields unrelated to general practice, such as:

- Location Specific Practice Number (LSPN) – used by Services Australia to uniquely identify practice sites that provide diagnostic imaging and/or radiation oncology services. Registered sites and bases for mobile equipment are allocated an LSPN
- Equipment Number – refers to the equipment currently listed at the LSPN
- Specimen Collection Point (SCP) – relevant to Approved Pathology Collection Centres (ACCs).

If assignment of benefit forms/documentation tools were fully integrated into practice software, patient information such as name, address, date of birth and Medicare number could be pre-filled. The GP would then only need to enter the service provided or the item number billed.

The discussion paper notes that specification of patients' particulars could simplify the amount of data required to validate a claim. This could include using a patient's Medicare number or other Individual Healthcare Identifier-linked number rather than their name. The RACGP is open to solutions like this that would streamline the process and enable patients to quickly and easily be identified.

RECOMMENDATIONS:

- Any assignment of benefit forms/templates used by GPs should only include fields relevant to general practice.
- Forms to document consent should integrate with practice software, allowing them to be pre-filled and saving time for GPs when completing the process.

10. Who should be included as a 'responsible person', in what situations and why?

Information published by Services Australia states that a 'responsible person' refers to an adult person accompanying the patient or in whose care the patient has been placed. This includes a parent or guardian, someone who holds power of attorney or a guardianship order, or the next of kin.

Concerns have been raised by GPs working in aged care who are unable to obtain consent from patients with conditions such as dementia. These patients may be supported during a consultation by a health professional such as a nurse or residential aged care staff, however consent must be obtained via a physical signature from a responsible person who may not have been present at the consultation.

The RACGP supports expanding the definition of a responsible person to include aged care or other staff who support the provision of care for such patients. We note DoHAC's discussion paper comments on the potential for conflict of interest if health professionals and their staff are allowed to assign a benefit on behalf of the patient, however in some cases there may be no alternative. Patients with cognitive issues who cannot consent will not necessarily have another person present at the consultation to assist them. In exceptional circumstances such as these, a health professional should be able to bulk bill a patient without obtaining their consent, or consent from a responsible person. Enforcing the process for patients with cognitive impairment is unnecessary and will reduce access to bulk billed care for some of the most vulnerable in our community.

The RACGP recommends the definition of a responsible person be included in the *Health Insurance Act* so practitioners and patients understand their rights and obligations with respect to bulk billed services. As noted on page 20 of the discussion paper, better defining who a responsible person is could also potentially enable discretion in relation to the signature requirement, in certain instances.

RECOMMENDATIONS:

- The definition of a 'responsible person' should be expanded to include aged care and other staff supporting the provision of care to patients with cognitive issues such as dementia.
- If there is no one present during a consultation who can legally consent on a patient's behalf, health professionals should be able to bulk bill the patient without their assignment of benefit.
- The definition of a responsible person should be included in in the *Health Insurance Act* as part of any legislative amendments.

11. Should providers, hospitals or insurers be required to retain copies of assignment of benefit forms?

The RACGP would support providers being required to retain copies of assignment of benefit forms/documentation, but only if the process is seamless, integrated and does not increase the scope of compliance activities. We do not support a requirement to keep copies of paper forms, or scanned copies of forms that do not integrate with practice software. This requirement is only feasible if the assignment of benefit can be documented in the patient's medical record.

As noted earlier, the RACGP encourages DoHAC to exercise a conservative approach with respect to compliance activities in this space. Compliance interventions should only be undertaken if they relate to fraudulent claims against Medicare. A large campaign whereby providers are randomly audited is unnecessary. As with other targeted compliance letter campaigns focused on particular MBS items/services, asking providers to review their claiming and repay incorrect payments is an incredibly onerous task and takes time away from patient care. Compliance activities relating to the assignment of benefit should be conducted sparingly and on a case-by-case basis, with a focus on suspected fraudulent claiming.

As with other aspects of Medicare and the MBS, more education for providers is key to support them to meet legislative requirements.

RECOMMENDATIONS:

- Providers should only be required to retain evidence of assignment of benefit if this can be documented in the patient's medical record.
- Providers should not be required to keep copies of paper forms, or scanned forms that do not integrate with practice software.

12. Should patients be required to receive copies of completed assignment of benefit forms, or are there alternative and preferable ways to maintain a record of their decisions?

The RACGP believes the requirement to give patients a copy of the assignment of benefit form should be removed.

Currently, GPs must print and mail patients a copy of the assignment of benefit form following a telehealth consultation if they are unable to receive an electronic copy. This is expensive and time-consuming for GPs, many of whom are already under financial strain due to measures such as payroll tax. While most patients will be able to receive an electronic copy, vulnerable groups such as those who are elderly and patients with disability may not have a smartphone or use email. Additionally, some patients may be unwilling to receive an electronic copy of the form due to concerns about their personal information being compromised online.

As noted earlier, patients will often refuse to accept a copy of the printed form after a face-to-face consultation, or they will dispose of this once they receive it. There is no way for DoHAC to keep track of whether patients have been offered a copy of the form, meaning enforcement of this requirement is impossible.

RECOMMENDATION:

- The requirement to give patients a copy of the assignment of benefit form should be removed.

Conclusion

The RACGP looks forward to contributing to further discussions around the assignment of benefit process. Please contact Ms Samantha Smorgon, National Manager – Funding and Health System Reform, on (03) 8699 0566 or via samantha.smorgon@racgp.org.au if you have any questions regarding this submission.

References

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