

Registration



Health fund registration

All private health funds must be registered organisations under the *National Health Act*.

Private health funds wishing to lodge Simplified Billing claims must first provide certification that agreements exist in accordance with the legislation.

This certification is required to enable Medicare Australia to pay Medicare benefits to a health fund under an MPPA or HPPA/PA. The words to be used in the certification, **which must be signed by an authorised person from the health fund**, appear overleaf. The certificate will cover all claims made under the agreement.

If an agreement existed between a practitioner and a private health fund or hospital, and the private health fund subsequently ceases to exist, Medicare Australia must be notified in writing.

Please send the appropriately signed certification and notification of any terminated agreements to:

Simplified Billing Coordinator
Medicare Australia
PO Box 1001
Tuggeranong, ACT 2901

Please call the Simplified Billing Coordinator on (02) 6124 4660 for further information about certification.

Agreement certificates

HPPA/PA certification

I, (name of person), being a person authorised by (name of fund) hereby certify that (name of fund), a registered organisation for the purposes of the National Health Act 1953, has entered into an agreement with (name of hospital), being an agreement provided for by section 73BD of the National Health Act 1953. I also certify that the agreement complies with all requirements of section 73BD of the National Health Act 1953. I further certify that (name of fund) has seen agreements or copies of agreements, or is otherwise satisfied on reasonable grounds that agreements exist, between (name of hospital) and such practitioners or groups of practitioners as required by section 73BDAA of the National Health Act 1953.

I undertake to advise Medicare Australia immediately upon the termination, cessation or expiration of the agreement with (name of hospital) or upon (name of fund)'s becoming aware of the termination, cessation or expiration of any of the practitioner agreements referred to in this certificate. Accordingly, (name of fund) requests that Medicare Australia make all payments of assigned benefits directly to (name of fund). The (name of fund) agrees to refund benefits directly to Medicare Australia, on behalf of the Commonwealth Government, that were inappropriately paid through Medicare Australia taking action in reliance on this certificate.

MPPA certification

I, (name of person), being a person authorised by (name of fund) hereby certify that (name of fund), a registered organisation for the purposes of the National Health Act 1953, has entered into an agreement with (name of practitioner or group of practitioners), being an agreement provided for by section 73DBA of the National Health Act 1953. I also certify that the agreement complies with all requirements of section 73BDA of the National Health Act 1953. I undertake to advise Medicare Australia immediately upon the termination, cessation or expiration of this agreement. Accordingly, (name of fund) requests that Medicare Australia make all payments of assigned benefits directly to (name of fund). The (name of fund) agrees to refund benefits to Medicare Australia, on behalf of the Commonwealth Government, that were inappropriately paid through Medicare Australia taking action in reliance on this certificate.

Payment of Medicare benefits

Medicare benefits will be paid directly into the bank account nominated, via electronic funds transfer (EFT).

To register bank account details with Medicare Australia, complete the Health Fund Electronic Funds Transfer (EFT) registration form and mail it to Medicare Australia.

If you haven't already received a pink EFT registration form, use the copy included in this document or contact Medicare Australia's Software Vendor Help Desk on 1300 550 115.

The completed EFT registration form should be forwarded to:

Manager, Software Vendor Help Desk
Medicare Australia
PO Box 1001
Tuggeranong, ACT 2901

Medicare Australia should be notified in writing of any amendments to registered EFT details. Amended details should be forwarded to the Manager, Software Vendor Help Desk, at the above address. Amendments must be signed by the public officer of the fund, and all correspondence should be submitted on a company letterhead.

The payment of Medicare benefits is subject to the Government's minimum payment times. This is currently 10 days after the claim has been lodged, either manually or electronically.

Most claims are processed and payments issued within this time, but there may be occasions when payment is slightly delayed.

When Simplified Billing claims are lodged by a billing agent with a health fund, for both Medicare benefit and gap benefit, the health fund is required to pay the total amount (MBS fee amount) to the billing agent within 7 days of receiving the Medicare benefit.

THE HEALTH FUND - ELECTRONIC FUNDS TRANSFER (EFT) REGISTRATION FORM IS AVAILABLE FOR DOWNLOAD ON THE MEDICARE AUSTRALIA WEBSITE.

Claim forms

Each claim lodged with Medicare Australia must be accompanied by a claim form.

This form is used for the manual lodgement of Medicare claims by a private health fund.

Health funds will need to design the form and submit it to Medicare Australia for formal approval, prior to use. A sample is included here for guidance.

It is mandatory to include the following information on the claim form:

- the Medicare logo
- private health fund minor ID number
- form approval number (allocated by Medicare Australia upon application for approval)
- patient details
- privacy note
- private health fund declaration, and
- name and address of the health fund.

For an electronic copy of the Medicare logo, privacy note and private health fund declaration, please call the Simplified Billing Coordinator on (02) 6124 4660.

Forms should be sent for approval to:

Simplified Billing Coordinator
Medicare Australia
PO Box 1001
Tuggeranong, ACT 2901

To minimise the number of forms required for private health fund claims, Medicare Australia has developed a combined Medicare and private health fund 'Assignment of benefits/claim form' in conjunction with the Australian Health Insurance Association (AHIA) for use by billing entities (see overleaf).



SIMPLIFIED BILLING ASSIGNMENT/CLAIM FORM
For the manual lodgement of Medicare claims from a private health fund

This form is approved by Medicare Australia under regulation 13A of the *Health Insurance Regulations* and section 20B (1)(a) of the *Health Insurance Act 1973*.

Health Fund Minor ID:
Medicare Australia form approval:

Note: This form is used for the purpose of claiming Medicare benefits from a private health fund where there is a Medical Purchaser Provider Agreement (MPPA) or a Hospital Purchaser Provider Agreement (HPPA) in place. Medicare Australia must have received certification that an MPPA/HPPA is in place, to enable Medicare benefits to be paid to the private health fund.

1. PATIENT DETAILS

Patient's Name:
(as shown on current Medicare card)

Patient's Medicare card number:

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Patient's individual reference number:

Name of Hospital:

Patient's health fund membership number:

2. PRIVATE HEALTH FUND DECLARATION

I declare that the medical accounts for which this claim relates are in the same form as they were provided to ***Insert Private Health Fund name here*** by the patient.

Signature of authorised person: Date: / /

Name of authorised person:

PRIVACY NOTE

The information provided on this form will be used to assess any Medicare benefits payable for the service(s) rendered and to facilitate the proper administration of Australian Government health programs. Its collection is authorised by provisions of the *Health Insurance Act 1973*. The information may be disclosed to the Department of Health and Ageing, Department of Human Services or to a person in the medical practice associated with this claim, or as authorised/required by law. Patient name and address details may/will be disclosed to financial institutions when the claim is paid.

Statement to claimant

Health funds are not obliged to provide a statement to the claimant, and advise amounts paid or any out-of-pocket expenses owed by them after a Simplified Billing claim has been assessed for Medicare benefits and private health fund gap (if applicable). It has, however, become convention to do so.

A statement may include the following information:

- a Medicare item number
- amount charged
- Medicare benefit amount
- health fund benefit amount (where applicable), and
- amount owing for each service by the patient.

Billing agent registration

Persons or companies wishing to establish a billing agency will need to obtain an application kit from Medicare Australia.

Application kits are free of charge and include:

- Instructions for registering as an Approved Billing Agent
- Background Information for applicants to be Approved Billing Agents
- Approved Billing Agent Registration Application form
 - individuals
 - partnerships
 - body
 - corporation
- Bank trust account information
- Statutory Declaration
- Health Insurance (Approval of billing agent) Guidelines 1998
- Deed Poll instructions for Use
- Deed Poll in favour of Medicare Australia (2 Copies)
- Extract from the Health Insurance Act 1973
- Extract from the Privacy Act 1988
- Extract from Corporations Act 2001
- Simplified Billing sample Assignment/Claim form
- Billing Agent – Electronic Transmission of Medicare Agreement form
- Billing Agent – Electronic Funds Transfer (EFT) registration form
- Billing Agent Production Registration form
- Checklist for Application

The application forms should then be sent to Medicare Australia together with a registration fee of \$1000.

Medicare Australia will provide approved billing agents with a certificate of approval which will include a unique Medicare Australia approval number.

Billing agents will need to re-apply annually to Medicare Australia for continuation of their registration. Please contact Medicare Australia for more information.

Trust Account

Billing agents must establish a trust account into which Medicare benefits, private health fund 'gap' benefits and any patient out-of-pocket expenses can be paid.

Payment of Medicare benefits

Medicare benefits will be paid directly into the trust account registered with Medicare Australia via electronic funds transfer (EFT).

To register trust account details with Medicare Australia, complete the Billing Agent Electronic Funds Transfer (EFT) registration form and send to Medicare Australia together with a copy of your Medicare Australia certificate.

A copy of the application form is supplied overleaf. (The Billing Agent EFT registration forms are yellow).

Billing Agent EFT registration forms may also be obtained by calling Medicare Australia's Software Vendor Help Desk on 1300 550 115.

The completed EFT registration form should be forwarded to:

Manager, Software Vendor Help Desk
Medicare Australia
PO Box 1001
Tuggeranong ACT 2901

The payment of Medicare benefits is subject to the Government's minimum payment times. This is currently 10 days after the claim has been lodged, either manually or electronically.

Most claims are processed and payments issued within this time, but there may be occasions when payment is slightly delayed.

When Simplified Billing claims are lodged with a health fund by a billing agent, for both Medicare benefit and gap benefit, the health fund is required to pay the total amount (MBS fee amount) to the billing agent within 7 days of receiving the Medicare benefit.

THE BILLING AGENT - ELECTRONIC FUNDS TRANSFER (EFT) REGISTRATION FORM IS AVAILABLE FOR DOWNLOAD ON THE MEDICARE AUSTRALIA WEBSITE.

Change of trust account details

Any amendments to trust account details should be forwarded to Medicare Australia, for issue of a new certificate of registration.

To amend trust account details registered with Medicare Australia, please forward a copy of your certificate to:

Manager, Software Vendor Help Desk
Medicare Australia
PO Box 1001
Tuggeranong, ACT 2901



SIMPLIFIED BILLING ASSIGNMENT/CLAIM FORM

For Medicare/private health fund claiming through a registered billing agent.
This form is approved by Medicare Australia under regulation 13A of the *Health Insurance Regulations* and section 20B (1)(a) of the *Health Insurance Act 1973*.
Medicare Australia registration number:
Medicare Australia form approval:
Billing agent name:
Address:

1. PATIENT DETAILS

Patient's Name:or subnumerate
(as shown on current Medicare card)

Patient's Medicare card number:

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Name of Hospital:

Date of admission (may be anticipated): / / Date of discharge (if known) / /

Health fund: Membership number:

Health fund member's name (if different from patient's name):

For health fund purposes, do any of the services relate to compensation or damages? YES [] NO []

2. PATIENT DECLARATION

I assign my right to Medicare and private health insurance benefits to INSERT BILLING AGENT in respect of each professional service rendered in-hospital for the treatment of the medical condition for which I was or will be first admitted on the date specified in Section 1.

I have been informed of my financial obligations relating to the treatment to be provided by the medical practitioners during the period of hospitalisation.

I authorise Medicare and the private health insurance fund to contact the treating/referring practitioner if clarification of details on an account/receipt is required for assessment purposes.

Signature of patient: Date: / /
(or person who incurred the expense for the services claimed)

Name of patient:
(or person who incurred the expense for the services claimed)

(Where patient is unable to sign, the signature of the patient's parent, guardian or other responsible person (other than the billing agent proprietor, billing agent staff, doctor, doctor's staff, hospital proprietor, hospital staff, nursing home proprietor or nursing home staff) is acceptable.)

3. ASSIGNMENT OF BENEFITS

For the purpose of subsection 20A (2C) of the *Health Insurance Act 1973*, the patient is only taken to have assigned his/her rights to Medicare benefit to the billing agent if the medical practitioner who rendered the professional service, assigns his/her right to all amounts owing to the billing agent.

4. BILLING AGENT DECLARATION

I declare that the medical accounts for which this claim relates were raised by INSERT BILLING AGENT and are solely and accurately based upon the information provided by the medical practitioner(s).

Signature of authorised person: Date: / /

Name of authorised person:

PRIVACY NOTE

The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of Australian Government health programs. Its collection is authorised by provisions of the *Health Insurance Act 1973*. The information may be disclosed to the Department of Health and Ageing, Department of Human Services or to a person in the medical practice associated with this claim, or as authorised/required by law. Patient name and address details may/will be disclosed to financial institutions when the claim is paid.

Assignment/claim form

Each claim lodged with Medicare Australia should be accompanied by an assignment/claim form signed by the claimant. Billing agents will need to design an assignment/claim form and submit it to Medicare Australia for formal approval prior to use. This form is used for all Medicare/private health fund claiming through a registered billing agent.

For a sample assignment form, please refer to the previous page.

Medicare Australia requires the following information to be included on the assignment/claim form:

- the Medicare logo
- Medicare Australia approval number (as shown on the Medicare Australia registration certificate)
- form approval number (allocated by Medicare Australia)
- patient details
- privacy note
- claimant declaration
- billing agent declaration
- assignment of benefits, and
- name and address of the billing agent.

Medicare Australia will provide to approved billing agents an electronic copy of the Medicare logo, privacy note, claimant declaration, billing agent declaration and the 'assignment of benefits' text to be used when designing the assignment/claim form.

Please forward your form design for approval to:

Simplified Billing Coordinator
Medicare Australia
PO Box 1001
Tuggeranong, ACT 2901

Statement to claimant

Billing agents are required to issue a reconciliation statement to the patient showing benefits paid and any amounts still owing by the patient.

The minimum information to be provided on the statement given to the claimant is specified under Section 3.6 of the *Health Insurance (approval of billing agents) Guidelines 1998* and includes:

- a Medicare item number
- amount charged
- Medicare benefit amount
- health fund benefit amount (where applicable), and
- amount owing for each service by the patient.