



**AutoMed** Systems

# Medicare Benefit Assignment

9-February-2023

## Agenda:

- Disclaimer and Acknowledgements
- What is Bulk Billing?
- When is this new process effective from?
- Patient journey
- In-Clinic Process
- Record Keeping
- Configuration, Service Activation and Templates
- Q&A with AskMBS

## Disclaimer and Acknowledgements

AutoMed is a software service provider – with a focus on automation, we are not a legal firm, nor accountants. Please check-in with your legal team and accounts to confirm that your processes in your clinic are compliant.

Most of the information presented today are copied directly (word-for-word) from either AskMBS or Services Australia – we are relaying their information and are not claiming ownership of the information presented.

The images of the DB04(e) form is directly from the Services Australia website and is not owned by AutoMed.

AutoMed's Medicare Benefit Assignment process has been submitted for review and formal approval to Services Australia and we have not yet received their official stamp of approval. We are committed to adjust the process if required once the final review has been completed.

## What is Bulk Billing?

Bulk billing (or direct billing) is where a medical practitioner, with the patient's agreement, accepts the patient's Medicare benefit as full payment for a service. When a practitioner bulk bills a patient, the practitioner can receive the Medicare benefit for the service directly from Services Australia, using the online claiming facility.

Section 20A of the Act provides for bulk billing. For an assignment of benefit in accordance with Section 20A, there must be an agreement under which the patient (or person responsible for the medical expenses such as a parent of a patient) assigns their right to a Medicare benefit to the practitioner who must accept it as 'full payment of the medical expenses incurred in respect of the professional service' provided.

A patient is required to sign a Medicare assignment of benefit form for a bulk-billed professional service, unless using an online system such as Medicare Easyclaim or any other system that allows the patient to digitally sign an electronic assignment. The patient must be offered a digital or paper copy of the assignment of benefit form to retain.

## From when is this new process effective?

The assignment of Medicare Benefits is **NOT** a new process. It has been mandated from the inception of Medicare, many years ago.

The Department allowed clinics to obtain verbal agreement for the assignment of their Medicare Benefit for Telehealth as an interim measure during COVID. This dead-line was set for the end of 2022.

This deadline has been extended, with no confirmation as yet of a new dead-line at time of writing.

The assignment of Medicare Benefits applies to ALL Bulk Billed consults, both in-clinic and Telehealth.

The assignment of Medicare Benefits does NOT apply to private billing.

AutoMed is introducing an automated solution to help reduce the administrative burden on Bulk Billing clinics to record Medicare Benefit assignment for Bulk Billed consults.

# AutoMed Medicare Benefit Assignment

Patient journey



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Patients receive a secure SMS from the clinic's dedicated AutoMed Message gateway.

The message will always be delivered from a dedicated mobile number that has been assigned to the clinic, which assists in building confidence that the message is secure and from a known source.

Hi Hendrik, following your recent bulk billed visit to AutoMed Test Clinic please click on the link below to assign your Medicare benefits to Dr James Frederick.

<https://automedsystems.com.au/online/mb/qlGMK2o>

Your prompt attention would be appreciated.

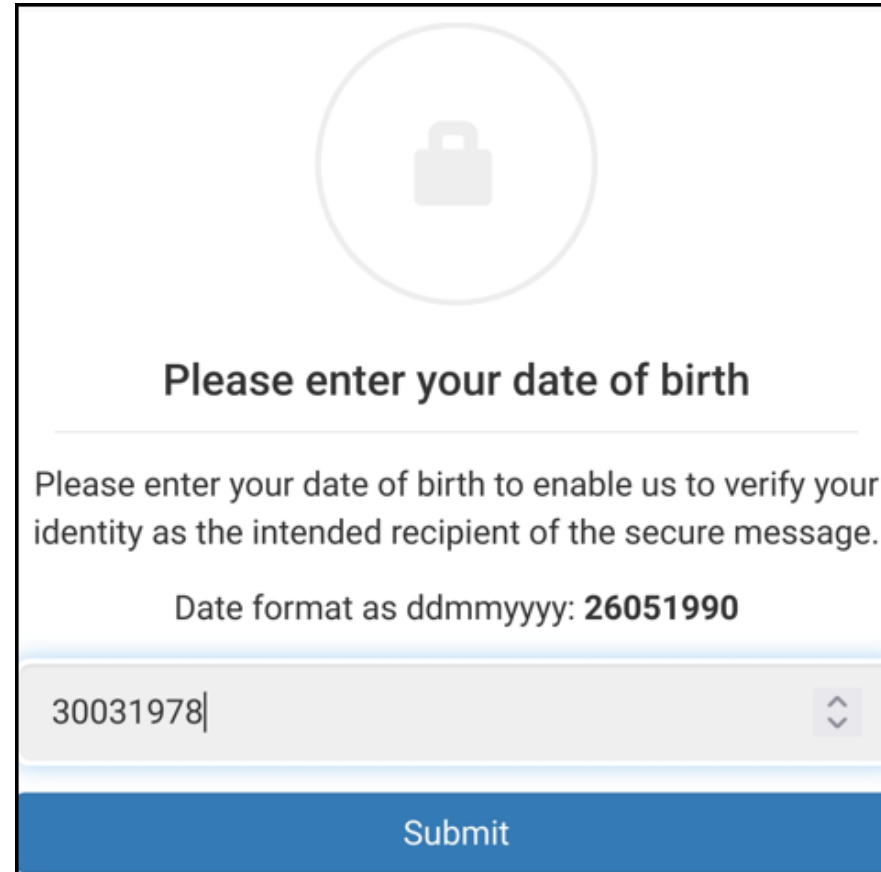
Thank you,  
AutoMed Test Clinic  
[039395627](tel:039395627)


 View all



Patients need to enter their Date-Of-Birth as recorded in the Clinic's PMS (Practice Management Software) to access the information relating to their bulk-billed consult.

The format required is displayed within the message i.e. ddmmyyyy






**Please enter your date of birth**

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Please enter your date of birth to enable us to verify your identity as the intended recipient of the secure message.

Date format as ddmmyyyy: **26051990**

30031978| 


**Submit**




Once the DOB has been verified, a digital version of the DB04(e) form is displayed with an instruction to review the data.

The data fields on the AutoMed Digital Form have been matched to the critical fields on the DB04(e) form.

The layout of the Digital Document has however been changed and re-aligned to be easily readable on a mobile device to assist patients that may be visually impaired.

 Hendrik Putter

 Please review the items listed on the form below and select **Accept** to proceed with assigning the Medicare Benefit to the provider. If the recorded information does not seem accurate, please contact the clinic for clarification prior to making your selection. If you choose to decline this request, the clinic will make contact with you to arrange an alternate method of payment.

**MEDICARE BENEFIT ASSIGNMENT**





FIRST NAME	Hendrik	INITIAL	H
SURNAME	Putter		
ADDRESS	114c Watton Street Werribee, 3030		
DATE OF BIRTH	30 1978		
MEDICARE NO.	346 63		
MEDICARE EXP.	10/2082	MEDICARE REF. NO.	1
DATE OF SERVICE	28/01/2023		
DESCRIPTION OF SERVICE		ITEM NO.	BENEFIT ASSIGNED
<small>Surgery consultation, Level A</small>		3	\$18.20

**PRACTITIONER WHO RENDERED THE ABOVE SERVICE(S):**

NAME	Dr James Frederick
PROVIDER NO.	2147661H

**DIGITALLY SIGNED BY:** Hendrik Putter  
**DEVICE IP:** 120.21.77.132  
**DATE STAMP:** 2023-01-28 12:35:18

The Digital Signature is a combination of the Time Stamp, Device IP as well as the Mobile Number and Date Of Birth of the patient as it is recorded in the practitioner's database.  
Privacy and your personal information  
Your personal information is collected by law, including the Privacy Act 1988, and is collected by the Australian Government.

  automedsystems.com.au/oi  

Patients are provided with the option to either Accept or Decline the Benefit Assignment.

**MEDICARE BENEFIT ASSIGNMENT**

**FIRST NAME** Hendrik **INITIAL** H  
**SURNAME** Putter  
**ADDRESS** 114c Watton Street  
Werribee, 3030  
**DATE OF BIRTH** 30/ 1978  
**MEDICARE NO.** 346 263  
**MEDICARE EXP.** 10/2082 **MEDICARE REF. NO.** 1  
**DATE OF SERVICE** 28/01/2023

DESCRIPTION OF SERVICE	ITEM NO.	BENEFIT ASSIGNED
Surgery consultation, Level A	3	\$18.20

**PRACTITIONER WHO RENDERED THE ABOVE SERVICE(S):**  
**NAME** Dr James Frederick  
**PROVIDER NO.** 2147661H


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**DATE STAMP** 2023-01-28 12:35:18


The Digital Signature is a combination of the Time Stamp, Device IP as well as the Mobile Number and Date Of Birth of the patient as it is recorded in the practitioner's database.

**Privacy and your personal information**  
Your personal information is protected by law, including the Privacy Act 1988, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim. Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law. You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at [www.humanservices.gov.au/privacy](http://www.humanservices.gov.au/privacy) or by requesting a copy from the department.

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If Accepted, patients get the option to download a .pdf copy of the document for their records.

 Hendrik Putter



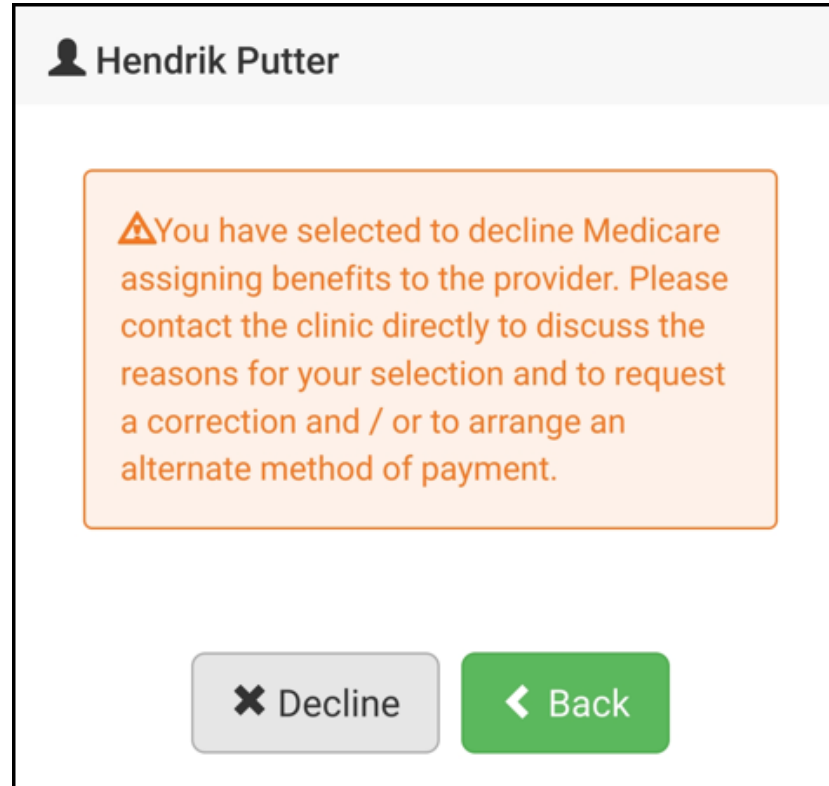
**Medicare benefit assignment approved**


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Please download the form for your records.  
This is a password protected form and you will be required to enter your date of birth using the format **DDMMYYYY** eg  
30101990

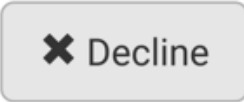

[!\[\]\(1d970b3e7cbfdacb236da6349ad0cf38\_img.jpg\) Download file](#)

If Declined, patients are presented with additional information on how to discuss or handle the dispute with their clinic or provider.




 Hendrik Putter

 You have selected to decline Medicare assigning benefits to the provider. Please contact the clinic directly to discuss the reasons for your selection and to request a correction and / or to arrange an alternate method of payment.


Patients can also download a .pdf copy of the document following a Decline.

 Hendrik Putter

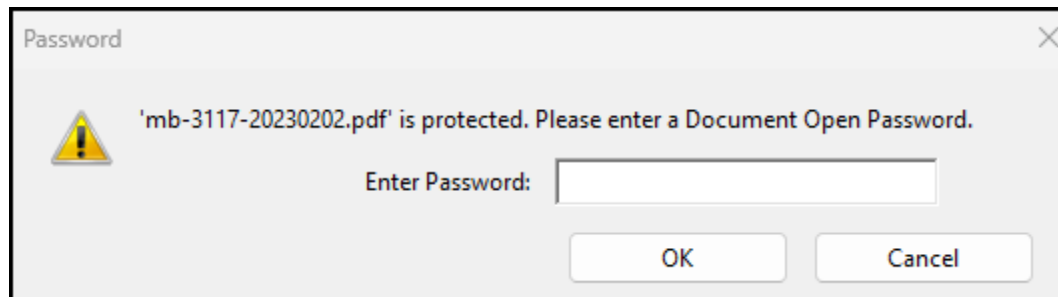
**Medicare benefit assignment declined**

---

Please download the form for your records.  
This is a password protected form and you will be required to enter your date of birth using the format **DDMMYYYY** eg  
30101990

 Download file

The .pdf document is password protected with the patient's Date-Of-Birth as an additional security measure.



# AutoMed Medicare Benefit Assignment

In-Clinic Process



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No manual interaction is required from the clinic or practitioner to trigger the message. The message is generated automatically once the invoice has been raised in the clinic's PMS.

Clinics and Practitioners can access the Approve/Decline status of the patient's selection via the AutoMed dashboard. Clinics can easily use the AutoMed dashboard to identify patients who Declined the Benefit Assignment.

The screenshot displays the 'Audit Request Details' interface. At the top, there are four filter fields: 'Location' (set to 'AutoMed Test Clinic'), 'Doctor' (set to 'Select Doctor'), 'Start Date' (set to '2023-01-01'), and 'End Date' (set to '2023-02-02'). A blue 'Run Audit' button is positioned below these filters. Below the filters is a search bar with a magnifying glass icon and the text 'Search'. To the right of the search bar, a blue pill-shaped button indicates 'Total Rows: 2'. The main content is a table with the following columns: Patient Name, Patient DOB, Patient Mobile, Doctor, Appointment Date, Date URL Sent, Date URL Opened, Total Sent, and a status button. Two rows of data are visible, both with 'Approved' status buttons.

Patient Name	Patient DOB	Patient Mobile	Doctor	Appointment Date	Date URL Sent	Date URL Opened	Total Sent	Status
Hendrik Putter	30-1978	045 096	Dr James Frederick	2023-01-28 11:30	2023-01-28 12:25:15	2023-01-28 12:35:17	1	Approved
Jane Putter	01-01-2001	041 493	Dr James Frederick	2023-01-27 14:30	2023-01-27 14:46:28	2023-01-27 14:49:15	1	Approved



Clinics can also use the AutoMed dashboard to resend links to patients should they fail to respond to the initial message.

Patient Name	Patient DOB	Patient Mobile	Doctor	Appointment Date	Date URL Sent	Date URL Opened	Total Sent		
Hendrik Putter	30	1978	045 96	Dr James Frederick	2023-01-28 11:30	2023-01-28 12:25:15	2023-01-28 12:35:17	1	<a href="#">Resend URL</a>

# AutoMed Medicare Benefit Assignment

## Record Keeping



**AutoMed** Systems

A record is written to BP's visit notes to indicate that the patient Approved the Medicare Benefit Assignment process via AutoMed.

A digital key is created and stored in AutoMed to record the Mobile Number, DOB, Patient Name and Surname, Device IP and exact date and time of the Digital Benefit Assignment.

Amend	View	Delete	Print	Today	< Previous	Next >	Back to list
Seen by:	AutoMed Systems External Vendor	Visit type:	3rd Party	Reason for visit			
Visit date:	Thursday 02/02/2023	Visit time:	21:43:57	Note added: Medicare Benefit Assigned			
The patient approved the Medicare Benefit Assignment form via AutoMed on 2023-02-02 21:43:57, using Device IP 120.21.77.132							

Clinics using Medical Director/PracSoft can use the AutoMed dashboard to view the Approved/Declined records and capture the response in the patient's file if required.

The data will however be available via the AutoMed dashboard should an extract be required for auditing purposes.

Patient Name	Patient DOB	Patient Mobile	Doctor	Appointment Date	Date URL Sent	Date URL Opened	Total Sent	
Hendrik Putter	30-1978	0452 96	Dr James Frederick	2023-01-28 11:30	2023-02-02 21:41:48	2023-02-02 21:46:46	2	Declined
Jane Putter	01-01-2001	0410 93	Dr James Frederick	2023-01-27 14:30	2023-01-27 14:46:28	2023-01-27 14:49:15	1	Approved

AutoMed Medicare Benefit Assignment

Configuration, Service Activation and  
Default Message Templates



**AutoMed** Systems

This service is activated on request via the AutoMed Support Team.

There is a once-off activation fee per location.

Clinics have the option to adjust the following aspects of the communication process:

- 1.) Initial Secure SMS
- 2.) Initial instruction message after the DOB verification
- 3.) Instruction/Information on Decline confirmation

## Initial Secure SMS template

*Hi <PtFirstName>, following your recent bulk billed visit to <ClinicName> please click on the link below to assign your Medicare benefits to <DrName>.*

*<MBURL>*

*Your prompt attention would be appreciated.*

*Thank you,*

*<ClinicName>*

*<UsrPhone>*

### Initial instruction message template

*Please review the items listed on the form below and select **Accept** to proceed with assigning the Medicare Benefit to the provider. If the recorded information does not seem accurate, please contact the clinic for clarification prior to making your selection. If you choose to decline this request, the clinic will make contact with you to arrange an alternate method of payment.*

### Pre-decline confirmation template

*You have selected to decline Medicare assigning benefits to the provider. Please contact the clinic directly to discuss the reasons for your selection and to request a correction and / or to arrange an alternate method of payment.*



# Example Benefit Assignment Form

<b>MEDICARE BENEFIT ASSIGNMENT</b>		
<b>FIRST NAME</b>	Hendrik	<b>INITIAL</b> H
<b>SURNAME</b>	Putter	
<b>ADDRESS</b>	114c Watton Street Werribee, 3030	
<b>DATE OF BIRTH</b>	30 1978	
<b>MEDICARE NO.</b>	3467 63	
<b>MEDICARE EXP.</b>	10/2082	<b>MEDICARE REF. NO.</b> 1
<b>DATE OF SERVICE</b>	28/01/2023	
<b>DESCRIPTION OF SERVICE</b>	<b>ITEM NO.</b>	<b>BENEFIT ASSIGNED</b>
<i>Surgery consultation, Level A</i>	3	\$18.20
<b>PRACTITIONER WHO RENDERED THE ABOVE SERVICE(S):</b>		
<b>NAME</b>	Dr James Frederick	
<b>PROVIDER NO.</b>	2147661H	
<b>DIGITALLY SIGNED BY</b>	Hendrik Putter	
<b>DEVICE IP</b>	120.21.77.132	
<b>DATE STAMP</b>	2023-02-02 21:43:57	
<i>The Digital Signature is a combination of the Time Stamp, Device IP as well as the Mobile Number and Date Of Birth of the patient as it is recorded in the practitioner's database.</i>		
<b>Privacy and your personal information</b>		
<i>Your personal information is protected by law, including the Privacy Act 1988, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim. Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law. You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at <a href="http://www.humanservices.gov.au/privacy">www.humanservices.gov.au/privacy</a> or by requesting a copy from the department.</i>		

# Example DB04(e) Form

**PATIENT DETAILS**

FIRST NAME  INITIAL

SURNAME

RESIDENTIAL ADDRESS

DATE OF BIRTH DD / MM / YYYY  EXPIRY DATE CHECKED

MEDICARE NUMBER

PERIOD OF REFERRAL IN MONTHS (MM) OR CROSS IF INDEFINITE  REFERRAL OR REQUEST DATE (DD/MM/YY)  REFERRING OR REQUESTING PRACTITIONER PROVIDER No.

NAME & ADDRESS OF REQUESTING/REFERRING PRACTITIONER

LSPN

EQUIPMENT NUMBER

SCP

PRACTITIONER USE

I assign/offer to assign my right to benefits to the practitioner who has rendered the service(s), or in the case of requested pathology, the approved pathology practitioner who will render the requested pathology service(s).

SIGNATURE OF PATIENT  / / DATE

– If completing by hand please use BLACK PEN –

**medicare** ASSIGNMENT FORM DB4E

PATIENT REF. No.  DATE OF SERVICE DD / MM / YY

(This form is the approved form as prescribed under section 20A of the Health Insurance Act 1973)

DESCRIPTION OF SERVICE	ITEM NO.	S/D	BENEFIT ASSIGNED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME & PROVIDER No. OR ADDRESS OF PRACTITIONER WHO RENDERED THE ABOVE SERVICE(S)

# AutoMed Medicare Benefit Assignment

Q&A with AskMBS



**AutoMed** Systems

**Is consent required for each individual consult?**

**i.e. If I have a TeleHealth Phone / Video call today and again next week, do I need to sign consent each time.**

Yes. A patient's consent to assignment of their Medicare benefit as payment for bulk billed services must be obtained after each occasion of service.

## **Must the consent form include the actual MBS items linked to that consult and description of what is being consented for?**

Yes. For an assignment of benefit in accordance with section 20A of the *Health Insurance Act 1973*, there must be an agreement under which the patient (or person responsible for the medical expenses such as a parent of a patient) assigns his or her right to payment to the practitioner who must accept it as full payment for the professional service provided. The agreement must be in accordance with the approved (DB4) form.

A patient is required to sign a Medicare assignment of benefit form for a bulk-billed service unless using an online system such as Medicare Easyclaim or some other system that allows the patient to digitally sign an electronic assignment. This applies to services rendered in the practice and in residential aged care facilities. If a practice uses an online system, a patient can assign their right to a Medicare benefit to the provider by pressing the OK or YES button and the patient must be provided with a digital or paper copy of the assignment of benefit to retain.

For telehealth services, providers should make efforts to obtain a patient's signature in whichever way is appropriate to their needs. Options include the provider posting the completed assignment of benefit form to the patient for them to sign and return or obtaining the patient's agreement by email.

With regard to obtaining consent via SMS, any form used would have to include the same information required by form DB4. You should contact Services Australia to seek their approval of any proposed form and associated consent procedures.

Temporary arrangements for telehealth were introduced in response to the COVID-19 pandemic, whereby the practitioner's documentation in the clinical notes of the patient's agreement to assign their benefit as full payment for the service is sufficient evidence of the assignment of benefit. This means that, for these services, agreement can be obtained through one of three methods: in writing, by email, or verbally through the technology with which the attendance is conducted. This agreement can be provided by a patient, or another person, such as the person's carer or family member. Practitioners should **keep records** that show services were provided, **and** that the **patient agreed** that Medicare benefits could be paid **directly to the practitioner**.

The provision for verbal consent to assignment of benefit has been extended beyond 31 December 2022, pending the introduction of permanent arrangements. No end date for verbal consent has yet been announced. AskMBS recommends monitoring MBS Online for further developments in this area.

**Can consent be obtained during the booking process or potentially straight after the consult has been completed.**

Consent to assignment of benefit must be obtained after the relevant services have been provided in full.