

**AMSANT Response to the
“Modernising the ‘Assignment of Benefit’ process: for Medicare bulk billed services and simplified
billing services” Discussion Paper**

The following represents our response to the *Modernising the ‘Assignment of Benefit’ process: for Medicare bulk billed services and insured persons services* Discussion Paper.

The process would be greatly simplified for our members if any agreement was secured when a patient first attends a health service. This would be recorded within the Clinical Information System (CIS) and thereafter consented to verbally. This could again be entered into the CIS.

There should be no need to keep paperwork – either by the patient or the health service.

- 1. What does your ideal assignment of benefit process look like?**
 - Verbal consent recorded in the Clinical Information System (CIS)
 - Verbal consent should recognise family structures, carers etc.

- 2. What are the current main workflow ‘pain points’ for assignment of benefit?**
 - Patients do not understand the process.
 - The use of paper forms makes no sense very difficult process to manage.
 - Patients not interested in having copies of paperwork.

- 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)?**
 - Digital assignment must happen at the point of care within the health service CIS.
 - A substantial proportion of ACCHSs patients live below the poverty line and cannot afford the devices or connectivity
 - English is usually a second, third or fourth language

- 4. What technologies are already in practices/hospitals that could support electronic assignment of benefit? What is missing?**
 - Our members currently use verbal consent for other health programs
 - Use of the CIS is key to both clinical and administrative management of patient outcomes. Any electronic assignment of benefits should be built into the CIS.
 - Potential to have electronic signature recorded in the CIS – maybe via similar process to signing for a parcel at the post office.

- 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?**
 - Any electronic assignment of care must occur within the CIS at point of care.
 - Email and other forms sent directly to patients would be challenging in a world of poor connectivity and devices that are shared.

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- 6. Would pre-payment validation help reduce providers' concerns about their risk of post payment audits?**
 - All service at our members are Medicare billed and requests for assignment after each service is a burden.
 - Pre-payment validation would be preferred this could be linked to the health service irrespective of the clinic site used.
- 7. What kind of prompt for electronic signature is most likely to get a timely response from patients?**
 - Any prompts must be in the CIS and therefore happen at point of care.
 - a. Does the requester (e.g., practice, Government, or a third-party such as a hospital) matter?**
 - b. How might patient-targeting scams be mitigated?**
 - Initial thoughts are that this is not such an issue in our settings as transactions are face to face.
- 8. How should patients' delayed or non-responses be managed?**
 - Resolved by having transactions face to face and verbal.
- 9. What information should be collected to document an assignment, in addition to information provided for claiming purposes?**
 - Patient name
 - Verbal consent – recorded in the CIS.
- 10. Who should be included as a 'responsible person', in what situations and why?**
 - Carers, extended family members – kinship
- 11. Should providers, hospitals or insurers be required to retain copies of assignment of benefit forms?**
 - NO – evidence is the CIS record.
- 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?**
 - Would not expect patients want paper records.
 - Records are available at the health centre.
 - All records are in the CIS.

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