

Ancillary Billing Standards

Introduction

Medibank Private Limited offers private health insurance products under two brands, 'Medibank' and 'ahm health insurance'. This document sets out supplementary standards which are **Recognition Criteria** applicable to certain **Recognised Providers** ('you', 'your') under the **Fund Rules** for Medibank and ahm (collectively "we", 'us' or 'our').

Words or expressions in **Initial Capital Bold Italic** in this document have the same meaning as in the applicable **Fund Rules**.

Do these criteria apply to you?

We expect you to meet the **Recognition Criteria** set out in this document if:

- a. our websites say that these Ancillary Billing Standards apply to a particular modality and you provide ancillary health care services in that modality; and
- b. you wish to be recognised for the payment of **Benefits**, so that your patients who are **Members** may be able to claim **Benefits** from us in respect of your services or goods.

Recognised Provider Recognition Criteria

If you wish to be recognised, or to continue to be recognised, by us for the payment of **Benefits** to or on behalf of a **Member**, we expect you to meet the following criteria:

1. Your dealings with us

- All of your dealings with us are transparent and comply with applicable Australian laws and professional standards; and
- You will not claim or facilitate a claim for **Benefits** unless it relates to **Treatment** which is intended to manage or prevent a disease, injury or condition, or is otherwise permitted by law¹; and
- If you become aware of, or facilitate, a claim for **Benefits** which was made in error (whether partly or wholly), you will promptly notify us and arrange to repay to us the amount(s) paid in error.

2. Financial records

Your financial records²:

- are true, accurate and not misleading;
- are maintained in English; and
- are made as soon as practical after the completion of the service or provision of goods.

3. Member accounts

Your member accounts³:

- are separately invoiced for each date on which services or goods are provided⁴;
- are on your official stationary bearing an official stamp, logo or otherwise identifiable as an original document;
- are issued in sequential order with individual invoice/receipt number;
- are signed by you or your authorised representative (the name of the person signing the receipt must be clearly legible), except if the invoice is issued by email;
- are on single-sided paper, if printed;

¹ This requirement reflects the meaning of 'general treatment' in section 121-10 of the *Private Health Insurance Act 2007* and Part 3 of the *Private Health Insurance (Health Insurance Business) Rules 2015*.

² 'Financial records' means all data and records, including accounting records, whether created on paper, in writing or stored electronically relating to the fees, charges, costs, expenses in connection with services or goods supplied or to be supplied to Members.

³ 'Member accounts' means invoices, receipts and other documents created in connection with the billing our **Members** for services or goods and used or intended to be used in connection with a claim for **Benefits**.

⁴ Exceptions may apply if the item number description billed relates to a course of **Treatment**.

- are marked as a 'duplicate', if any duplicate account is issued after the original;
- identify:
 - your name, provider number, address (of the location where the services were provided), telephone number; and
 - the relevant business' name, address, telephone number and email address (if different from the service provider details);
- identify the name of the patient in respect of whom services or goods were provided;
- show:
 - all fees charged or chargeable;
 - whether the fees or charges have been paid, including details of payment type and date; and
 - any discounts applied;
- identify the services and goods provided, and in respect of each service or good provided, detail:
 - the date on which the services or goods were supplied;
 - the relevant item number(s);
 - the item description; and
 - where relevant, the body part/tooth identification number for each service.

4. Use of provider number and electronic claims

With respect to use of your provider number and making electronic claims, you:

- only use your provider number for billing in respect of services or goods which you provided personally or which were provided under your direct supervision⁵;
- maintain the integrity and accuracy of all accounts and electronic claiming initiated under your provider number;
- have and use a current provider registration number for each location at which you practice;
- notify us upon ceasing to work at a location within 10 business days;
- comply with all of the terms and conditions of electronic claiming facilities;
- immediately cease using electronic claiming, or any other claiming channel, if we request you to do so;
- do not retain possession of a **Member's Fund** membership card for any longer than is necessary to process an electronic claim, unless the **Fund** requests otherwise.

5. Servicing our Members

In providing services and goods to our **Members**, you:

- ensure that:
 - where a Medibank or ahm membership card is presented for the purpose of electronic claiming, the person who presented for **Treatment** is listed on the membership card; and
 - where patient accounts are issued, the patient account is issued in the name of the person who received the **Treatment**;
- obtain the informed financial consent of **Members** prior to the commencement of any **Treatment** or the provision of any goods;
- do not claim or facilitate the claiming of **Benefits** for **Treatment**:
 - provided to your **Partner, Dependants** or business partners or the **Partner** or **Dependants** of your business partner, except in accordance with our **Fund Rules**;
 - when the cost of your services or goods has been fully covered by a third party or otherwise to the extent directly or indirectly funded by you, or
 - otherwise if a claim contains false or misleading information;
- ensure, if a service or good may be claimed from Medicare or another government or statutory body, that the accounts state that the services and goods cannot be claimed via private health insurance; and
- record the item number related to the **Treatment** provided and do not substitute another item number based on the **Benefit** payable.

⁵ Direct supervision means having active supervisory responsibility for the provision of the services and only applies for dental therapists, dental hygienists, oral health specialists and optical dispensers.



6. Promotion of your business

In promoting your business, you do not:

- directly or indirectly encourage the indiscriminate or unnecessary use of your services;
- subsidise the purchase of goods or services through **Benefits** paid or payable by us;
- use health fund benefits as a deposit for the purchase of good or services; or
- use our brands or logos without our express permission in writing to do so.