

## General Health Fund Terms and Conditions of Provider Status

Provider status with any health fund is not the right of the practitioner. It is a privilege for the skilled health care professional. As such, health care professionals need to ensure that they understand the general terms and conditions of health fund provider status to determine whether this is something they would like to have for their clients, but also what they need to abide by in their daily clinic operation.

ATMS has developed a list of the general terms and conditions of Provider status for members to read, understand and to abide by. Several health funds have developed their own terms and conditions, and where these differ to the health fund's own terms and conditions, the health fund's own terms and conditions take precedence. The individual health fund terms and conditions can be found on the ATMS website [www.atms.com.au](http://www.atms.com.au).

### General Requirements

#### **Membership**

Financial Membership of a recognised 'professional organisation' within the meaning of section 10 of the Private Health Insurance Accreditation Rules 2011. ATMS is a recognised organisation.

#### **Educational Eligibility**

The member must meet the educational eligibility requirements for the individual health funds. As these differ according to each health fund, it is important that the member familiarise themselves with this before applying. In some cases, you may be required to submit certain information that is not generally provided by the college, unless specifically requested. It is of note that some health funds do not accept overseas qualifications, or qualifications obtained substantially or entirely by distance education. For further information regarding the specific health fund educational requirements, please refer to the ATMS website [www.atms.com.au](http://www.atms.com.au).

Where a modality is nationally registered, the health funds not only require evidence of national registration, but still impose their own educational requirements on top of this.

#### **First Aid**

In addition to meeting the education requirements, the member must hold a valid Provide First Aid certificate which is valid for 3 years. This was previously known as Apply First Aid, Senior First Aid and Workplace Level 2 First Aid. ATMS must always have a copy of your current first aid certificate on file. Failure to send ATMS an updated copy will result in removal from the health funds.

#### **Professional Indemnity Insurance**

All members must also hold current Professional Indemnity Insurance. Most health funds require a minimum cover of \$1M per claim, however it is also important to ensure that you are also meeting the cover required for national registration if applicable. ATMS must always have a copy of your current professional indemnity insurance policy on file. Failure to send ATMS an updated copy will result in removal from the health funds.

#### **Continuing Professional Education (CPE)**

All health funds require practitioners to be undertaking Continuing Professional Education (CPE) annually in accordance to the individual Association's CPE Policy. ATMS requires its Accredited Members to undertake 20 CPE Points in accordance to the ATMS CPE Policy each financial year. For more information on the ATMS CPE Policy, please refer to the ATMS website [www.atms.com.au](http://www.atms.com.au).

A minimum of 5% of Accredited Members are audited for CPE each year as required by the health funds. All accredited members who do not comply with the CPE audit or have not completed sufficient CPE are downgraded to Associate Membership and are therefore removed from the health funds.

**Clinic Address**

All health funds require a full street address as a clinic address as well as a contact phone number for that clinic. Neither the Health Funds, nor ATMS, will accept PO Box addresses as a clinic address. Some health funds may impose a restriction on the number of clinic addresses that are recognised by that fund.

**Member Permission**

ATMS will also seek your authority before providing your information to a health fund. This permission is generally sought from you via your membership application form, or from the new Health Fund Application and Declaration Form. Without your permission, ATMS cannot send your details to the health funds. This is done for the Privacy of our members as many of the health funds will then publicise this information on their own public websites.

It is of note that any lapse in membership, first aid or insurance or removal of all clinic addresses or non-compliance with CPE will result in the removal from health funds. Depending on the member's qualifications, and any changes that occur in the educational requirements of the individual health funds could result in a member needing to update their qualifications in order to re-register with those funds. It is therefore imperative that all members take responsibility for the information they provide to ATMS and ensure that this is always up to date.

**General Terms and Conditions**

All health funds state that every time one of their customers makes a claim for a benefit / rebate for the treatment and/or services that are performed by a provider that, the provider agrees to satisfy all requirements for that health fund including the terms and conditions of provider status. If a member does not agree or does not wish to comply with the Terms and Conditions of that health fund, they should not apply to become a provider. Failure to comply with the health fund requirements can lead to deregistration from the funds, removal as a member from ATMS and in some cases legal action from the health fund.

**Quality Service**

All health funds expect that providers will deliver a high level of professional care and quality service to their clients. This includes:

- Operating with due care and skill as reasonably expected as a health care professional in the natural medicine profession.
- Compliance with all standards, guidelines, obligations and legislation relevant to natural medicine and the services you provide, including the Code of Conduct and any Official Policies set down by your Association.
- Maintaining your premises in accordance with the appropriate approvals under the law including Occupational Health and Safety, as well as any Local Council, State and Federal laws that apply to your practice.
- Providing your clients with unbiased advice and a clear understanding of their rights and responsibilities including making them aware of a Complaints handling process through your Association as well as the existence and role of the Private Health Insurance Ombudsman.

**Client Records**

All practitioners, regardless of being a provider with a health fund or not, must maintain full client records for each client treated. As a minimum this must include:

- Client details (including full name, date of birth, gender, address and contact details including emergency contacts. For the first consultation a full case history should be taken).
- Date of each treatment.
- Nature of the illness / injury / reasons for seeking treatment.
- Detail of each treatment and/or services provided. Some health funds request the specific Acupuncture points used and methods applied, the massage techniques used and parts of the body treated and for therapeutic goods, the specific details of the prescribed herbs and/or supplements with dosage.

- Any advice or instructions given.
- Details of any referrals made.
- The outcome of previous treatment including improvements, baseline measures or outcomes reached.
- Treatment time / duration.
- Provider's signature, initials or electronic signature.

Besides the minimum information that should be kept for each and every consultation for your client, health funds also generally request the following:

- Client records to be kept in English or to be translated at the expense of the Provider. Note that some funds require the client records to be kept in English as part of their Terms and Conditions and failure to comply with this will result in the provider being removed from the health fund.
- Client records to be kept for the minimum time prescribed by legislation, or where no legislation exists, for a minimum of 7 years and where the client is under 21 for a period of 7 years after the client would have reached 21 years of age.
- Client records to be made available to a health fund during an on-site audit or within a specified time frame of a written request.
- Client records to be stored securely, and if kept electronically must be regularly backed up with a duplicate copy stored securely off site.

### ***Professional Receipting and Accounting Practices***

As a health care professional, and a provider of health fund rebates, it is a requirement that the operations of the business including the receipting and accounting practices are at the highest, most professional standard possible. This includes:

- Keeping accurate, legible, contemporaneous accounting records for each and every client and for every treatment, service or consultation. These accounting records, especially the receipts for claiming a benefit / rebate, must be kept in English.
- Ensuring that the accounting records and receipts are a true reflection of the treatment / services performed by the provider. Each accounting record should contain as a minimum:
  - The date of the service
  - The name of the provider who performed the treatment / service
  - The treatment / services provided, including the itemised fee for each service
  - Details of all payments, including the date of the payment.
- Ensuring that the treatment is performed by the provider and that no other person is allowed to provide the treatment / service or allowed to use the provider's own provider number.
- Not discriminating against your clients who are registered with a health fund by charging those clients a higher rate than your normal standard fee for your treatment / services, unless you have written permission from the health fund to do so.

An itemised receipt needs to be issued to every client for every payment. The receipt:

- Must be in English.
- Must be a true reflection of the treatment / services performed by the provider and must include as a minimum:
  - Name, ATMS Number and the provider number of the provider who performed the treatment / service.\*
  - Clinic Address and phone number of where the treatment / service was provided.\*
  - Your company name, trading name, ABN as applicable
  - Date of treatment / service.
  - Date of receipt.
  - A clear, itemised description of the treatment / services provided, and treatment / or service type including length / duration of treatment.
  - The fee charged for each service that was provided. Where herbs or other remedies are provided during the consultation, a separate charge must be shown for these items.

Rebates are only claimable for the consultation (not the medicines or remedies), however these costs still need to be itemised if provided during the consultation.

- Details of the payment made, including any outstanding balances.
- Must have 'copy' or 'duplicate' marked on any duplicate receipts.
- Must be on printed stationery. Items with an asterisk (\*) above must not be hand written. If the receipt is produced electronically, it should be signed at the time of issue by the provider of that service. Some health funds stipulate the actual size of the receipt being a minimum paper size of A5.

The receipt should be set out as follows.

<h2 style="margin: 0;">TAX INVOICE</h2> <p><b>No.: 0001234</b></p> <p>Date _____</p> <p>Client Name _____</p>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <b>Business Logo</b> </div> <p>Provider Name Clinic Address Clinic Phone ABN ATMS Number Provider Number</p>
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Consultation / Service / Treatment / Remedies Provided including Duration	Fee
<b>Consultation / Treatment</b>	\$
<b>Products / Remedies</b>	\$
<b>GST</b>	\$
<b>Total</b>	\$
<b>Paid</b>	\$
<b>Balance</b>	\$

Provider Signature \_\_\_\_\_

Date of Issue \_\_\_\_\_

Payment of benefits / rebates may not be paid by health funds in the following circumstances:

- Where services or treatments are performed to self, family members, business partners or people not independent of the practice.
- Where services or treatments are not performed in a private practice setting.
- Where services or treatments are not recognised by the health fund.
- Where services or treatments are performed in which inaccurate or incorrect information is supplied.
- Where service or treatment costs are subsidised by another business or authority.
- Telephone, mail or internet consultations or written reports.
- Where services or treatments are performed in a mobile work setting including markets, corporate or hotels.
- For herbs, remedies and other medicines or products provided during the consultation.
- Where there is more than one initial consultation per course of treatment.
- Where more than one consultation or attendance by the Provider occur on any single day. Multiple services or treatment on the same day may attract one service or treatment benefit only.
- Where the client does not have appropriate cover.
- Where claims for benefits are not lodged with the fund in their specified timeframe.

**Privacy**

All health funds require that you comply with the Privacy Act 1988 (Cth), as amended and any relevant state legislation, along with the requirements of your association and where specifically indicated those of the individual health funds when handling the sensitive and personal information relating to your clients.

**Audits**

All health funds conduct regular reviews of their claims databases to determine treatment patterns of individual providers, but also groups of providers. It is sometimes necessary for that health fund to seek further information regarding those claims from the provider which could include copies of accounting or client records to review specific claims or treatment plans.

Health funds generally request this information in writing, however some health funds also undertake on the spot on-site audits and will request that the documentation be provided immediately, without prior notice to the provider.

The health funds may also instruct the association to undertake audits of a provider's practice operations and client records.

The health funds also audit the individual associations to ensure compliance when assessing and approving new providers, but also ensuring that existing providers still meet their requirements including having current first aid and insurance on file as well as compliance with continuing professional education etc.

All providers found to be not compliant with any of the health fund requirements, and the terms and conditions of provider status, regardless of who undertakes the audit, will be removed from that health fund. Depending on the nature of the breach, the member faces removal from all health funds and even expulsion from their association.

**Withdrawal of Recognition**

All health funds may suspend or withdraw their recognition of your provider status at their discretion at any time and for any reason. This may include, but is not limited to the following:

- Non-compliance with the health fund requirements and terms and conditions of provider status.
- Non-compliance with an audit request.
- If your Association, Registration Board or Court finds that you have committed a breach of a professional standard, guideline, code of conduct, law, regulation, policy, ethics statement that applies to the practice of natural medicine.
- The health fund feels that the member's conduct may put their client or client's safety at risk or where the conduct of the provider may adversely impact on the goodwill, reputation or business of the health fund.
- You cease to be nationally registered (if applicable) or a member of a recognised professional association.
- You cease to meet the criteria deemed by the health fund as the minimum requirements for the service / consultation provided.

It is also of note that some health funds will withdraw provider recognition if you have not seen a client from a particular health fund for a period of time. This is generally a period of 2 years.

**Fraud**

All health funds request that Providers, as well as their own members, report cases of fraudulent behaviour. Should you suspect that a person or group are committing health fund fraud, please contact the relevant health funds directly, as well as lodging a complaint with your Association to investigate.

**Changes to Requirements, Terms and Conditions**

All health funds regularly review their eligibility requirements and provider terms and conditions and will from time to time amend, update or change these terms. It is important to regularly check the ATMS website for the current requirements, terms and conditions to ensure your continued compliance.