Module 1: Working in the Australian healthcare system

Study Guide

Fundamentals of healthcare practice

unepartnerships

Version M1.0

Important disclaimer

The material contained in this course is for general information only and is not intended as advice on any of the matters discussed herein. No person or persons should act or fail to act on the basis of any material contained herein. Students and others should consult professional advisers about any matter affecting them. UNE Partnerships, its officers and employees, expressly disclaim all and any liability to any persons whatsoever in respect of anything done or omitted to be done by such persons relying, or to any persons for the effect of acts of others relying, on any of the information contained herein.

This course contains material on a wide range of subjects written by a number of authors. In bringing this information to students these authors provide interpretation and opinion on such material. These interpretations and opinions are not necessarily those of UNE Partnerships or other body teaching the course, nor is any interpretation or opinion necessarily in accord with any policy of UNE Partnerships.

The publisher is not engaged in rendering legal, accounting, professional or other advice services. The publishers and the authors, consultants and editors, expressly, disclaim all and any liability and responsibility to any person, whether a purchaser or reader of this publication or not, in respect of anything, and of the consequences of anything, done or omitted to be done by any such person in reliance, whether wholly or partially, upon the whole or any part of the contents of the publication. Without limiting the generality of the above no author, consultant or editor shall have any responsibility for any act or omission of any other author, consultant or editor.

WARNING

Some of this material may have been copied [and communicated to you] in accordance with the statutory licence in section 113P of the *Copyright Act 1968* (Cth). Any further reproduction or communication of this material by you may be the subject of copyright protection under the Act. Do not remove this notice.

© UNE Partnerships Pty Ltd.

Study Guide developed by UNE Partnerships Pty Ltd. This work is copyright. No part may be reproduced by any process without written permission from UNE Partnerships Pty Ltd.

Images sourced external to UNE Partnerships Pty Ltd. are available for commercial use and licence conditions have been documented and complied with.

Modules covered by this Study Guide: Working in the Australian healthcare system

Publish date: Monday, 31 January 2022

UNE Partnerships Pty Ltd.

The Education & Training Company of the University of New England

PO Box U199, University of New England NSW 2351

Telephone: (02) 6773 0000

ABN 74 003 099 125

Contents

Introduction

Welcome to the Module, Working in the Australian Healthcare System. This Module introduces the structure of the healthcare system in Australia which is complex and can be difficult to navigate. It is important to understand the healthcare system structure and funding models because Medical Receptionists have a key role in billing and receipting for healthcare services provided. Additionally, there are contemporary changes to the primary healthcare system which create significant changes for healthcare practices, including a shift to patient-centred models of care, safety and quality Standards, and incentivising quality improvement within the healthcare environment. In this Module, you will be introduced to quality improvement methodology and how the changes impact patient care, including the role of Medical Reception in quality improvement initiatives.

Outcomes

On completion of this Module, you should be able to:

- ✓ Understand at an introductory level the healthcare system and the role of primary, secondary, and tertiary healthcare, and referrals between practitioners.
- ✓ Understand at an introductory level the billing models and systems in a healthcare setting.
- ✓ Understand at an introductory level the principles of practice management systems and utilising workflows, policies, and procedures to improve administrative efficiency.
- ✓ Understand at an introductory level the medical receptionist role in quality improvement within the practice
- ✓ Understand the medical receptionist role within the healthcare team providing patient centred care.

Structure

This Module is divided into the following lessons:

- Lesson 1: The healthcare system
- Lesson 2: Funding and billing
- Lesson 3: Workflows, policy, and procedures
- Lesson 4: Quality improvement

Activities

Throughout this Study Guide you will notice a range of activities. These are intended to contribute to your learning by encouraging you to be active and involved. None are compulsory. They are intended to help you to learn but are not part of your formal assessment.

Activities with an online interactive version are identified with a mouse icon at the start.

Common activity types included in study guides are included below.

- Knowledge check or Reflection: These encourage you to confirm or explore your understanding as you progress.
- Reading: These may be uploaded to my.unep or provided as links to readings or websites to expand on the content of the Lesson.
- Video or Link: These provide alternative perspectives and give visual and audio alternatives to your text. Please do not feel you are required to watch all videos or read through all the links provided in this Study Guide.
- Find out more: In some Lessons we provide support for additional reading or activities that go beyond what is required in the unit covered in this course or provide a refresher for underpinning concepts that support the knowledge and skills for this unit.
- Case study or Example: There are a range of case studies and examples provided throughout this Study Guide, to support your understanding and to provide a resource for some activities.

The end of an activity is identified with a band, like the one below and the text 'End of activity'. This indicates the normal Study Guide text will resume.

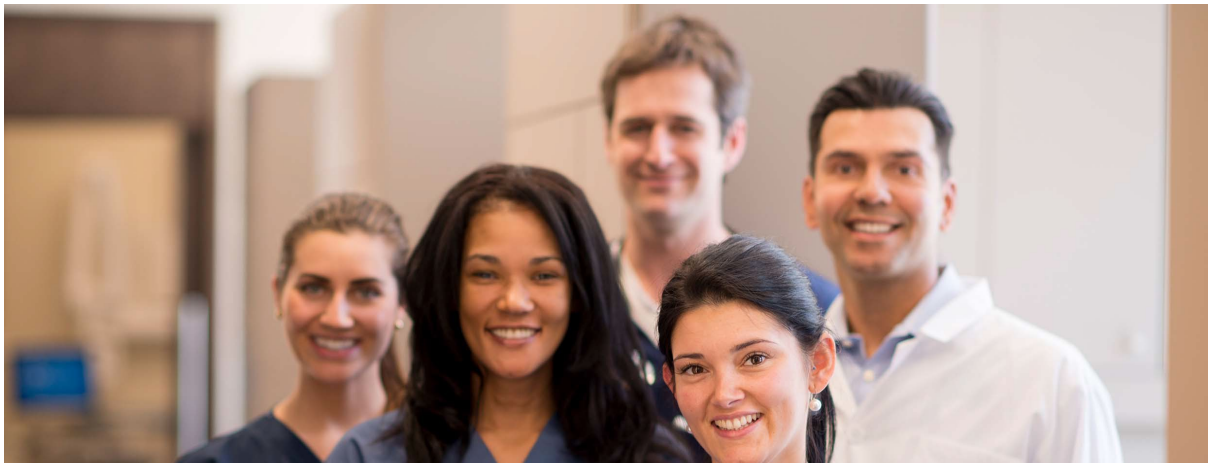
End of activity

Common Terms: You will notice that throughout this study guide we use the term 'patients' to refer to the people your team provides services or support to. In your workplace, you might use other terms such as patient, client, staff, employees, volunteers, or stakeholders.

We use the term 'Medical Receptionist' or receptionist to refer to the administrative staff in your team. In your workplace, you might use the term secretary, front desk staff, administrative assistant, or another term. Additionally, you may be a receptionist in a different type of practice, such as general practice, specialist practice, allied health, psychology, or mixed practice.

We use the term 'Practitioner' to refer to the clinical team working in the healthcare practice. This could include general practitioners, specialists, allied health practitioners, psychologists, or other health professionals working within or referring to your practice.

Lesson 1: The healthcare setting



The Australian healthcare system is widely regarded as being world class in terms of both effectiveness and efficiency. The system is a mixture of public and private sector health service providers with a range of funding and regulatory mechanisms. This Lesson introduces the structure of the healthcare system including primary, secondary, and tertiary care and how each interacts. Referrals are one source of integration or 'patient flow' between the systems, and it is critical referrals are managed correctly to ensure correct funding/claims are available to patients.

1.1 The Australian healthcare system

The healthcare system is complex and can be difficult to navigate, particularly for people new to the environment. Understanding the language and structure of the healthcare system is highly beneficial in performing your role accurately and efficiently, and to help patients and their families to navigate the system. One of the acknowledged weaknesses of the system is access to timely and appropriate healthcare by disadvantaged groups, such as people from culturally diverse backgrounds. This is covered in more detail in Lesson 4 Quality Improvement, and Module 2 under cultural safety.

The healthcare system is divided into primary, secondary, and tertiary care. These systems differ in their funding sources and government regulation. Pay particular attention to the system you work within, but it is also important to understand how a patient moves through the different levels of care as these influences referral pathways and communication with other healthcare practices.

1.2 Primary care

Primary healthcare is a term used to describe a range of healthcare providers who work in the community. Any healthcare professional who is the first point of contact for the health system that is not an emergency, can be a primary healthcare provider. Examples of primary healthcare providers include a community-based general practitioner (GP), Aboriginal health worker, dentist, pharmacist, physiotherapist, occupational therapist, psychologist, nurse, counsellor, or speech pathologist.

Primary healthcare providers work in a variety of settings serving the community, including healthcare practices, Aboriginal Community Controlled Health Organisations (ACCHO), home visiting (domiciliary) services, school in reach programs, and sometimes based at a hospital location such as child health nurses.

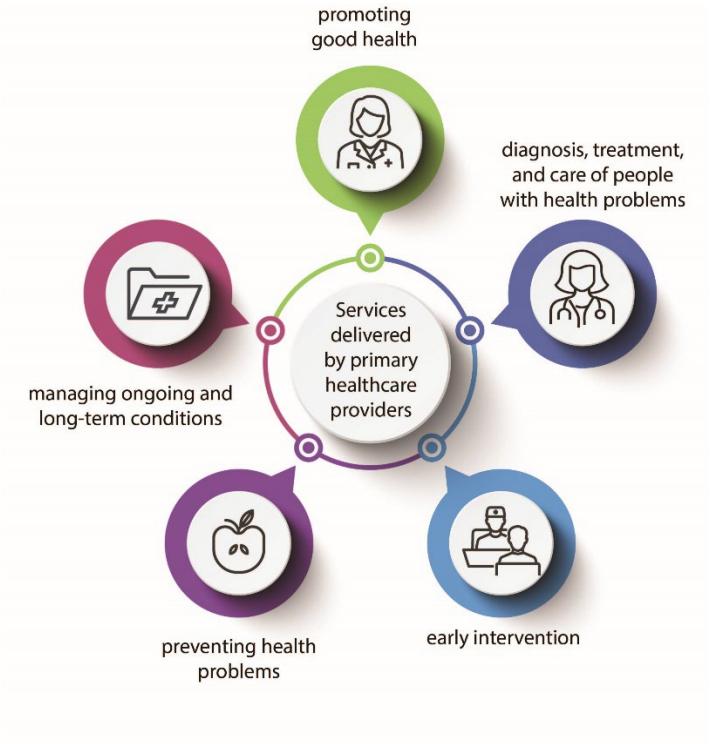


Figure 1: Services delivered by primary healthcare providers

Primary healthcare is the main entry point for health care for most people and is a key diagnostic and referral pathway for all healthcare. For example, a patient is unable to see a specialist doctor or access Medicare subsidised allied health unless they use a GP referral. For this reason, it is critical that primary healthcare services are accessible to everyone, especially people from disadvantaged population groups such as culturally diverse groups.

The primary care sector relies on referral networks into other primary care services and specialist services, such as secondary and tertiary care. In many instances, the primary care sector is a gatekeeper to more specialist care.

A significant challenge within the primary healthcare sector is the lack of coordination and unity amongst providers, predominantly influenced by many private practices operating in isolation. A Commonwealth government initiative to improve coordination of primary healthcare, improve quality, and promote coordination and networking are the Primary Health Networks.

Primary Health Networks

Australia's 31 Primary Health Networks (PHNs) are independent organisations working to streamline health services—particularly for those at risk of poor health outcomes—and to better coordinate care so people receive the right care, in the right place, at the right time. The Primary Health Networks support practices to achieve the *quadruple aim*, which is to:

1. improve the patient experience of care–including quality of care and satisfaction.
2. improve the health of populations
3. improve the cost-efficiency of the health system
4. improve the work life of health care providers.

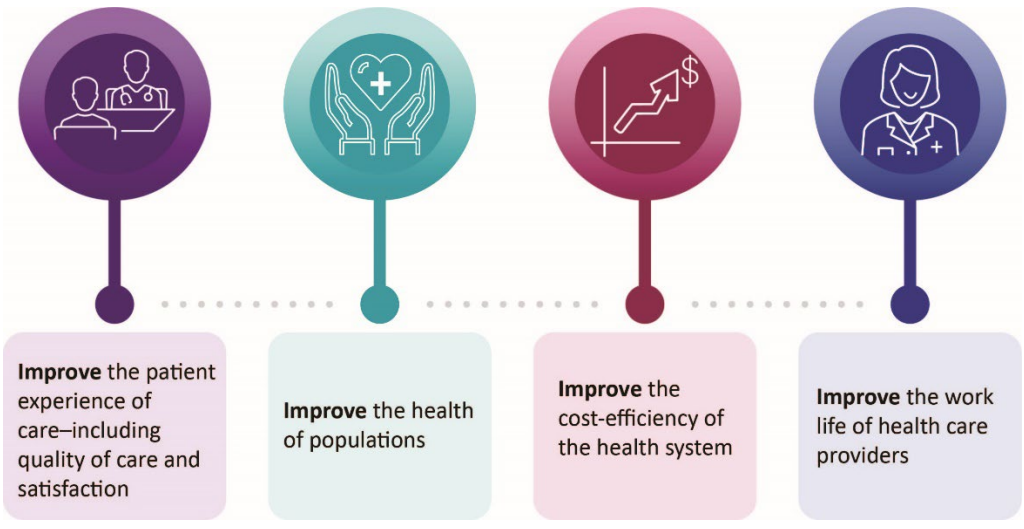


Figure 2: The quadruple aim of PHNs

PHN's are commissioning agents, meaning they receive funding from the Commonwealth government to provide health services, often focussed on high priority or underserviced areas.

1.3 Secondary care

Secondary care is care provided by a specialist doctor or facility. Examples include a review by a specialist such as a Cardiologist, Ophthalmologist, or Neurologist. A general or regional hospital may provide secondary care for treatment for conditions such as a broken bone, pneumonia, or an infection. They may provide low complexity maternity services, cancer treatment, or orthopaedic surgery such as total knee replacements.

If a patient requires more complex care, they will enter the tertiary care system.

1.4 Tertiary care

Tertiary care is specialised, complex health care, usually for inpatients. Tertiary care generally requires a referral from a primary or secondary health professional or is accessed via the Emergency Department, in a facility that has personnel and facilities for advanced medical investigation and treatment.

Examples of tertiary care services are neurosurgery, cardiac surgery, plastic surgery, treatment for severe burns, complex cancer management, palliative care, complex paediatric and neonatal services, and other complex medical and surgical interventions.

1.5 Complementary care systems

In addition to primary, secondary, and tertiary healthcare, patients will have interactions with other systems that provide them with care and support, including social care systems. A referral or report may be required to access these social care systems, and on other occasions you need to be aware of what support is available for patients. For example, your patients may be accessing, or need help to access:

- Aged care services, such as in home support. Alternatively, a practitioner from your practice may be providing healthcare services into an Aged Care Facility, and you need to understand the billing requirements of this service.
- Disability care services. This could include patients accessing your services for therapy or providing home visits into a patient's home if they are not able to access the practice.

1.6 Referrals

Referrals are the mechanism by which patients gain access to:

- specialist level of medical services at either a secondary or tertiary care level
- public hospital services such as allied health
- imaging and pathology
- access to other care or support systems, such as aged or disability care
- other primary healthcare providers such as allied health or psychology.

Accurate referrals are essential for patients to receive a financial rebate from Medicare or a health fund. While in some cases a GP referral is not required, Medicare rebates apply in some scenarios if the patient is referred by a GP - for example a Mental Health Care Plan or Team Care Arrangement. This improves access to services as patients can receive a Medicare rebate for services.

GP's can also refer to local services funded by the commonwealth government and commissioned by the PHN's, mostly in areas of high priority or high need.

Activity 1: Read - Referring and requesting Medicare services

The Medicare website outlines the legal obligations the referring practitioner and the practice have when making referrals for pathology, to allied health and to specialists.

Familiarise yourself with this information to understand your role in meeting legal obligations for your practice.

- Referring-and-requesting-Medicare-services

End of activity

The medical receptionist role is to accurately process referrals according to your workplace procedures to meet legislation requirements, including accurate patient record keeping.

Filing referral letters

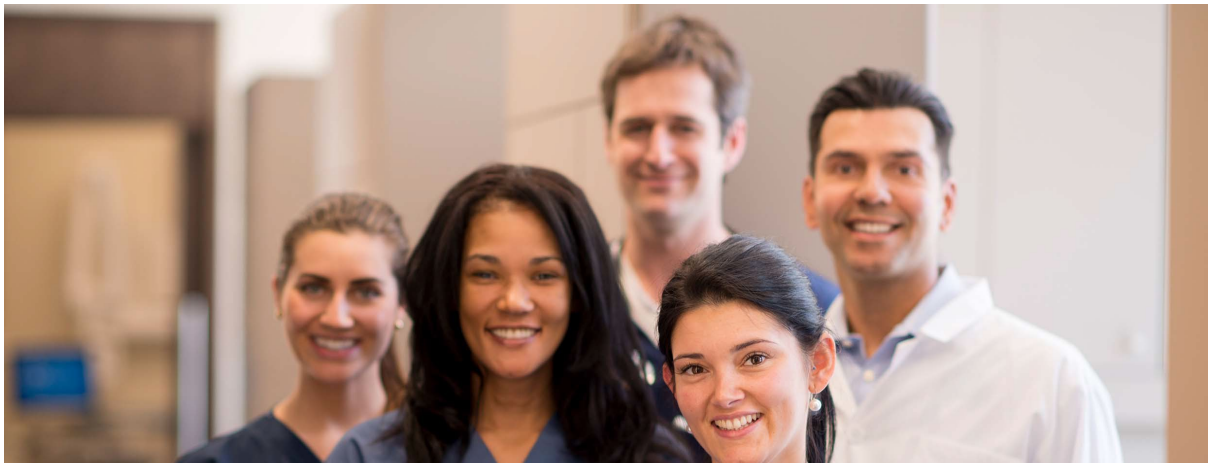
Medical records form the basis for evidence of care that can be used for research, legal analysis and determination, allocation of resources and as a primary communication between health professionals.

Including referrals in patient's medical records contributes to a complete and comprehensive record of the relevant details of a patient's medical history, clinical findings, investigations, information given to patients, medication, and other health management. It also contributes to demonstrating practitioners' accountability and records their professional course of action. Referral letters are also evidence of action for billing and Medicare rebate purposes.

Summary

Healthcare is categorised as primary, secondary, or tertiary care, with a corresponding increase in complexity as a patient moves through the system. Primary care providers are frequently the first contact point a patient has with the healthcare system and are therefore gatekeepers to more complex or specialised care. General Practitioners (GPs) and their team are central to the coordination of patients' healthcare and have a key role in referring patients to appropriate diagnostic, therapeutic, and specialist services. As referrals form part of the patient record and have both legal and funding implications, filing referrals accurately is a critical responsibility of Medical Receptionists.

Lesson 2: Funding and billing



The ability for someone to understand and navigate the system to manage their own health effectively, known as health system literacy, relies on patients and family/carers being empowered to understand the system and the financial impact of accessing healthcare services. Medical Receptionists have a key role in providing financial information to patients and gaining 'informed financial consent'.

There are complex funding arrangements within the healthcare setting, including commonwealth and state government, insurance, compensation schemes, Department of Veterans Affairs, private payment, and others. Many of the funding bodies require providers to be registered, and in registering they agree to certain quality standards and set fees. An experienced medical receptionist will assist patients and new healthcare providers in navigating this system, which helps the practice meet its legal obligations.

Module 3 of this course explores the topics of risk and compliance, and it is important to note the criticality of compliance within billing practices. Non-compliance has significant consequences, including financial loss for the practice, and in cases of fraud de-registration of health practitioners and potentially jail. It is suggested to keep billing in mind when you are working through Module 3.

This Lesson introduces various funding options within the Australian context, and the relevance to you will depend on the type of healthcare practice you work in. Focus on the billing types used in your practice, however it is recommended that you familiarise yourself with the other sections to build transferrable skills for your career development and to help patients navigate the various systems they encounter.

2.1 Informed financial consent

It is important to provide information in advance about the costs that patients will or might incur when they access healthcare services, including costs in addition to consultation fees such as consumables. This is particularly important for patients in the care of medical specialists who are undergoing treatment in a hospital, day surgery or other facility including procedures undertaken in the specialists' rooms.

Informed financial consent: the provision of sufficient information to a patient about medical fees and how much he/she may be personally liable to pay, to enable the patient to understand the financial implications of the treatment, and an acknowledgement by the patient of the receipt of that information.

Informed financial consent is one way the practice team can help patients make an informed decision about their own healthcare. If a healthcare service is financially prohibitive for a patient, other options such as referral to the public system can be considered.

Frequently, informed financial consent this is the responsibility of the medical receptionist, and it is important to understand and apply the practice policy, including documentation of consent. Some health funds have informed financial consent as a requirement for gap billing arrangements.

Informed financial consent is so important that it is captured in the Standards that apply to healthcare practices, such as the Standards for General Practice (5th edition) as shown in the following diagram.

Figure 3: Informed financial consent

The funding options that may contribute to a patient's financial liability and rebates are now explored.

2.2 Overview of Australia's health system

Australia's health system includes financial contributions from the commonwealth government, state, territory, and local governments, as well as private practitioners, profit, and not-for-profit organisations, and from individual patients and users of the system. In brief:

- Australian government: has responsibility for developing broad national policies, regulation, and funding. The Australian government (Commonwealth) funds primary care through Medicare, and controls priorities in the primary care setting by incentivising healthcare practices with funding.

Influence is also provided via PHNs, which are funded by the Commonwealth government and provide grants and funding to healthcare practices in priority areas of healthcare.

- State and territory governments: primarily responsible for the delivery and management of public health services, community health services, and running the hospital system.
- Private practitioners: including general practitioners, specialist medical practitioners (specialists), as well as allied health, dentists, pharmacists, psychologists, and other health providers. Private practitioners can work as a sole trader, an independent contractor where they provide their services even to large, corporate entities that have a network of practices. Most, if not all, private providers utilise multiple sources of funding to allow patients to claim rebates, including from Medicare, private insurance, compensation schemes, NDIS, and potentially others.
- Profit and non-profit organisations and voluntary agencies.

Before you can assist and explain to patients how payments and fee structures work, you need to understand government funding, health insurance and other entitlements as they operate in Australia.

2.3 National healthcare system subsidy schemes

The Australian national healthcare system includes three major **national subsidy schemes**:

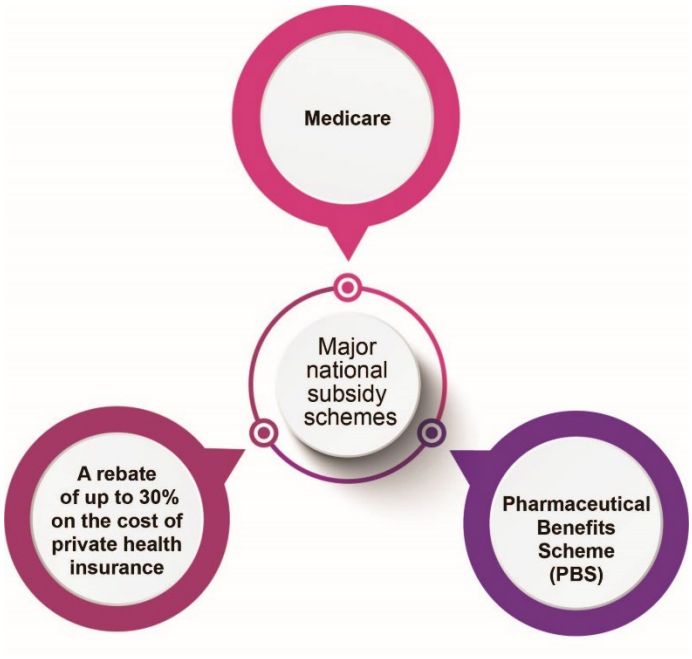


Figure 4: Three major national subsidy schemes

Medicare and the PBS cover all Australians and subsidise their payments for private medical services and for a high proportion of prescription medicines. Under Medicare, the Australian and state governments also jointly fund public hospital services, so they are provided free of charge to people who choose to be treated as public patients.

Australians pay for the cost of Australia's publicly funded health care system through levies applied by the Australian Taxation Office. Most taxpayers are required to contribute 2% of their taxable income towards Medicare, but higher income earners who do not elect to purchase private health insurance are required to pay more and low-income earners may pay no levy or may be entitled to a reduction in the levy they pay.

The aim of the national health care funding system is to give all Australians, regardless of their personal circumstances, access to health care at an affordable cost or at no cost, while allowing choice for individuals through substantial private sector involvement in delivery and financing.

Medicare – Australia's public health insurance system

What is Medicare?

Medicare is the Australian scheme that provides access to a wide range of healthcare services for Australian residents.

Medicare eligibility i.e., who is covered by Medicare?

Not everyone is eligible for Medicare, and it is important for individuals to understand their eligibility before accessing healthcare services. The Australian government indicates that a person is eligible for Medicare benefits if:

- they are an Australian or New Zealand citizen
- they are a permanent Australian resident
- they have applied for permanent residency (although conditions apply)
- they are covered by a Ministerial Order
- they have a resident return visa
- they are covered by a Reciprocal Health Care Agreement with another country.[1]

What does Medicare cover?

For eligible residents, Medicare provides access to several services as shown in the diagram below.

Figure 5: Medicare provisions for eligible residents

Services not eligible for Medicate rebate

Medical practitioners have a legal obligation to advise patients of their entitlements under the Medicare scheme, and/or private health insurance funds. Not all medical services attract Medicare benefits. It is an offence under Section 19CC of the *Health Insurance Act (1973)* (Cth) to provide a

[1] healthdirect, 2020. *What is Medicare?*, URL: https://www.healthdirect.gov.au/what-is-medicare Retrieved 1 November 2021

service without first informing a patient where a Medicare benefit is not payable for that service[2]. The medical receptionist is frequently responsible for informed financial consent, and therefore this legal obligation is potentially within your role. Compliance is covered in more detail in Module 3.

Senior staff in individual medical practices determine the fees they will charge for procedures that are not eligible for Medicare rebates because these procedures or services will not have item numbers or fee levels derived from the Medicare Benefits Schedule.

When preparing accounts for procedures that are not eligible for Medicare rebates, medical administrative staff should follow the process developed in the practice. It can be useful to include a statement on the account advising patients that medical benefits do not apply to services and procedures which are not eligible for Medicare rebates.

Practitioners providing the above services should bill the patient as a private patient and note on the account 'does not attract Medicare benefits'.

What is the Medicare Benefits Schedule?

The benefits you receive from Medicare are based on a schedule of fees set by the Australian government—the Medicare Benefits Schedule (MBS). Doctors may choose to charge more than the schedule fees (a gap payment), or to bulk bill (no additional fee). To receive Medicare benefits:

- A patient must first be eligible for benefits.
- The benefits must be listed under the MBS.

A patient will only receive Medicare benefits for services where those services are listed on the MBS.

Out of hospital services

Medicare provides benefits for:

- consultation fees for doctors, including specialists
- tests and examinations by doctors needed to treat illnesses, including X-rays and pathology tests
- eye tests performed by optometrists
- most surgical and other therapeutic procedures performed by doctors
- some surgical procedures performed by approved dentists
- specified items under the Cleft Lip and Palate Scheme
- specified items for allied health services as part of the Enhanced Primary Care (EPC) program.

Patients can choose the doctor who treats them for out-of-hospital services.

Direct or bulk billing

Direct-billing or bulk billing is when the practitioner bills Medicare directly, accepting the Medicare benefits as full payment for the service provided. The practitioner cannot make any additional charge for the service, nor can any other person or company. This means if the practitioner direct bills, the

[2] Australian Government Department of Health, 2021. *Department of Health | Council of Australian Governments (COAG) Improving Access to Primary Care in Rural and Remote Areas – COAG s19(2) Exemptions Initiative*, URL: www1.health.gov.au/internet/main/publishing.nsf/Content/COAG%20s19(2)%20Exemptions%20Initiative Retrieved 1 November 2021

patient cannot be charged a booking fee, administration fee, a charge for bandages, record keeping or a charge by the practitioner's company.

It is important to understand that each practitioner's policy on bulk billing may vary, and that as the receptionist you understand exactly the policy of your employers.

When patients are billed under Medicare arrangements, there are two legal requirements that must be addressed:

1. Medicare Provider Numbers
2. Medicare Item Numbers.

Medicare provider numbers

A Medicare provider number is allocated to health practitioners following a request from the practitioner to Medicare. These numbers are location specific. Each health practitioner must have their own provider number and requires a different provider number for each location they practice from. Home visiting practitioners have one provider number for home visiting services.

Healthcare practitioners, including general practitioners, locums, specialists, or assistants, approved dental and allied health providers and optometrists are required to obtain a service provider number when they:

- Commence private practice and wish to assist patients to claim Medicare benefits.
- Refer patients to specialists, or from one specialist to another, or request pathology or diagnostic imaging services.

Medicare item numbers

The Commonwealth Department of Health and Aged Care issues a schedule entitled MBS which is only available to practitioners with a Medicare provider number. The MBS is available on the Medicare web site, with printed versions available, at a cost, upon request.

Each professional service entitled to a Medicare benefit and contained in the MBS book has been allocated a unique item number.

Pharmaceutical Benefits Scheme (PBS)

The Pharmaceutical Benefits Scheme (PBS) Schedule lists all of the medicines available to be dispensed to patients at a government-subsidised price. This schedule is on-line and updated on a monthly basis.

We will now look at other government and non-government funded health services.

Activity 2: Medicare Benefits Schedule

Access the online Medicare Benefits Schedule[3] to explore the common item numbers used in your practice.

End of activity

2.4 Private health insurance in Australia

The third of the major national subsidy schemes within the Australian national healthcare system is a rebate of up to 30% on the cost of private health insurance. If a patient is privately insured, they are covered against some or all of the costs of being a private patient in either a public or private hospital. The patient still can choose to be treated as a public patient in a public hospital at no charge.

If you work in a specialist practice that requires patients to be admitted to hospital the practice has an obligation to provide patients with financial information regarding their admission, prior to booking them.

There are two types of private health insurance cover available. These types are described in the following diagram.

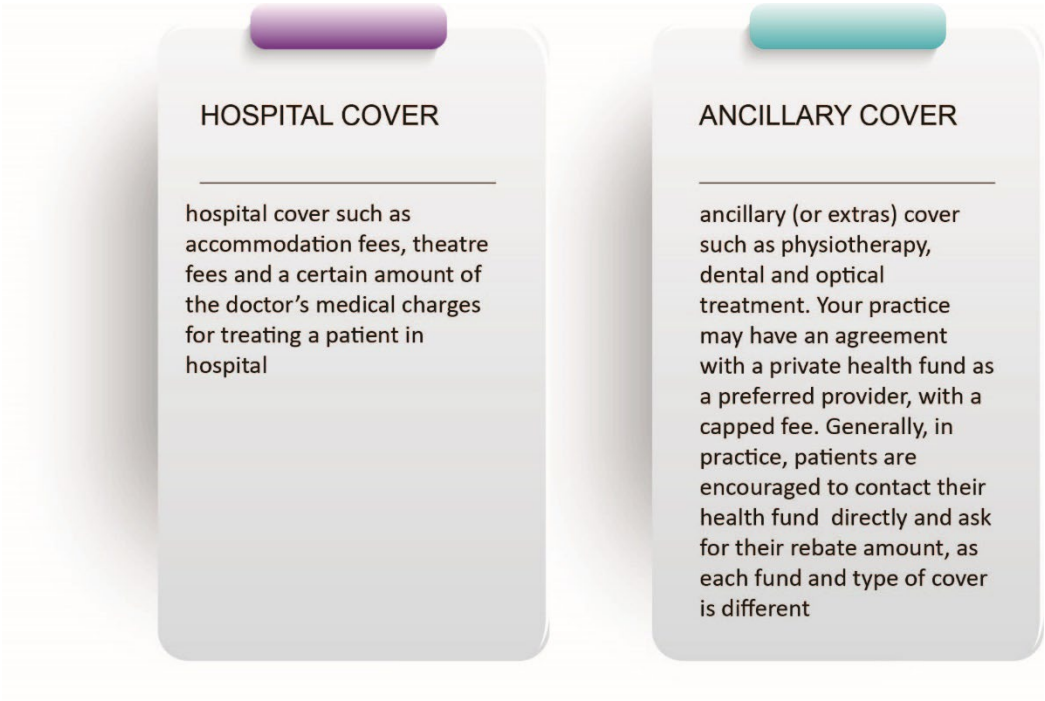


Figure 6: Two types of private health insurance cover

The link between the Medicare and private health fund benefits for in-patient medical services is the Medicare Benefits Schedule (MBS) item number charged by the medical practitioner for the services provided to the inpatient.

[3] Australian Government Department of Health, 2021. *MBS Online Medical Benefits Schedule*, URL: http://www9.health.gov.au/mbs/search.cfm Retrieved 29 October 2021

2.5 Compensation claims

Medical expenses may also be claimed under a range of compensation or support schemes. It is important that you understand these so you can process accounts correctly and ensure the correct entitlements or refunds are received.

Workers' compensation claims

When a patient is injured at work, and they make a successful claim to the Workers' Compensation Board in their state or territory, the medical account submitted by the healthcare practitioner for services is paid by the Workers' Compensation Board.

If the claim is in dispute or rejected, or the patient does not proceed with the claim, Medicare will pay for the consultation. The Commonwealth Health and Other Services (Compensation) Act (1995) states that patients who have claimed compensation and are waiting for their claims to be finalised are eligible to receive Medicare benefits, provided a compensation claimant has not entered into a reimbursement arrangement with a compensation insurer (i.e., the insurer has agreed to pay the medical expenses). Once the compensation matter is finalised any Medicare benefits paid which relate to the compensable injury must be refunded to Medicare. Whilst claimants are not required to indicate whether the claim relates to a compensable injury, they are required to identify these claims before their compensation can be finalised.

Where the patient has a reimbursement arrangement with an insurer, the practitioner must not direct bill Medicare. Depending on the terms of the arrangement, private accounts may be raised either against the patient, or directly against the insurer.

In some states and territories, the Workers Compensation Board has reached agreement with the Australian Medical Association (AMA) on a set scale of fees that practitioners are to charge for medical services and related reports etc. Additional charges such as for medical certificates or stand-alone reports attract Goods and Services Tax (GST).

Workers' compensation claims are not covered by Medicare and need to be processed differently.

Motor vehicle third party account

If a patient presents to the practice claiming to have been involved in a motor vehicle accident, a third-party claim for compensation may be lodged against either the owner or driver of the vehicle that has caused the accident. The insurer of the owner or driver of the vehicle involved handles these claims.

To claim compensation for a motor vehicle accident, the injured person must:

- report the accident, in writing, to the police no later than 28 days after the accident
- complete a claim form and send to the insurer. The timeframe for which a claim is made differs for each state and territory.

As with Workers' Compensation claims, a third-party claim may also become overdue or rejected, leaving the outstanding account the responsibility of the medical practitioner to recover. In this situation, the account may be sent to the patient for payment, or the medical practitioner may choose to claim the Medicare rebate as full payment of the outstanding accounts.

If a third-party motor vehicle insurance claim or general public liability insurance claim for compensation is successful, the insurer of the owner or driver of the vehicle involved in the accident, or the insurer of the premises at which the public liability arose, will be responsible for payment of the account for treatment of the injured party.

The billing and claiming process is similar to workers compensation. In some states and territories, the Third-Party Motor Vehicle Insurance Board has reached agreement with the Australian Medical Association (AMA) on a set scale of fees that practitioners are to charge for medical services and related reports etc.

Activity 3: Motor vehicle accident claims

Refer to the links below for specific details on motor vehicle accident claims in each state and territory:

- New South Wales – State Insurance Regulatory Authority
- Northern Territory - Territory Insurance Office
- Queensland - Motor Accident Insurance Commission
- South Australia - Motor Accident Commission (Allianz)
- Tasmania - Motor Accidents Insurance Board
- Victoria - TAC – Transport Accident Commission
- Western Australia - Insurance Commission of Western Australia

End of activity

2.6 Department of Veterans Affairs

The Department of Veterans Affairs provides a wide range of health services for veterans, war widow(er)s, and dependants entitled to clinically required treatment for their accepted health conditions under the:

1. *Veterans' Entitlements Act 1986* (Cth) (VEA)
2. *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (Cth) (DRCA)
3. *Military Rehabilitation and Compensation Act 2004* (Cth) (MRCA)

Health services are delivered through arrangements with Local Medical Officers (LMOs/GPs) and medical specialist professionals, public and private hospitals.[4]

The Veterans' Affairs Health Scheme was established in 1915 to provide health cover to members of the armed forces and their families. Medicare administers claiming, and the Department of Veterans' Affairs administers a range of health services for eligible veterans and their dependants. The health services for which they are eligible for treatment are identified by the use of Repatriation cards. The

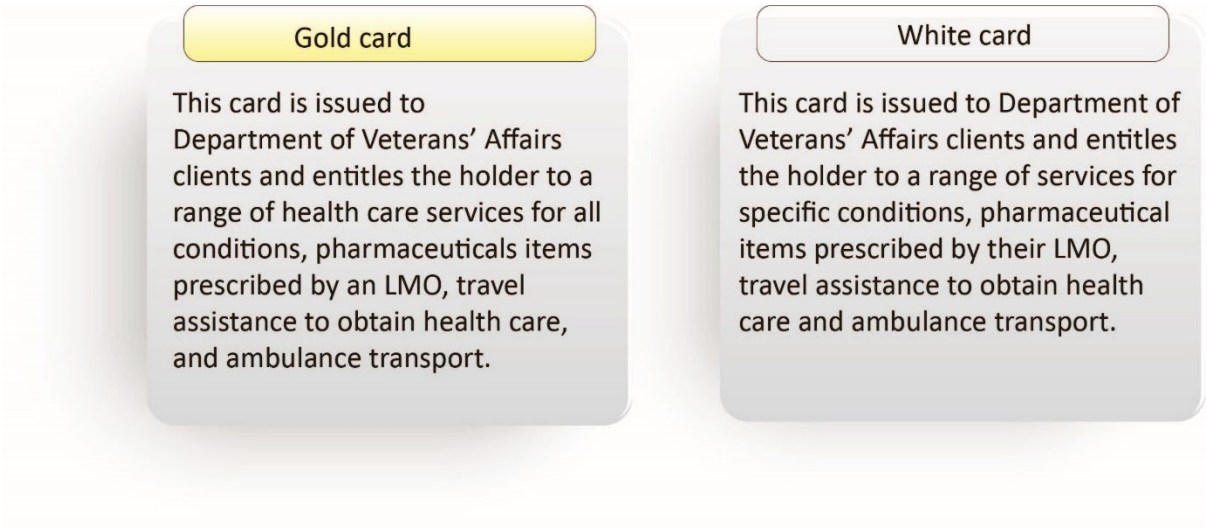
[4] Australian Government Department of Veterans Affairs, 2020. *Treatment overview*, URL: https://www.dva.gov.au/health-and-wellbeing/treatment-your-health-conditions Retrieved November 2021

cards issued by the Department of Veterans' Affairs will be either white or gold. A patient may also be a client of the Department of Veterans' Affairs. That person, usually having been a member of Australia's Defence Force, or having been involved in a wartime situation, has met certain eligibility criteria.

The Department of Veterans' Affairs also has fees schedules for approved community nurses, pharmacists and allied health professionals including chiropractors, clinical counsellors, dentists, dietitians, occupational therapists, optometrists, orthoptists, osteopaths, physiotherapists, podiatrists, psychologists, speech pathologists and social workers. Prior departmental approval and/or LMO referral is generally required.

The Department of Veterans' Affairs is a commonwealth government department and operates in all states and territories. It, like Medicare, uses standard forms and processes.

Eligibility



For pharmaceuticals only, an orange card may be issued.

The Department of Veterans' Affairs encourages clients to use medical practitioners who have been approved as Local Medical Officers (LMO) by the Department. However, a client may choose his or her own general practitioner.

Veterans who hold a DVA Health Card are covered for all relevant eligible services. However, they are free to utilise private health insurance, where relevant, or to access services as a Medicare patient.

2.7 National Disability Insurance Scheme - Australia's disability insurance system

The National Disability Insurance Scheme (NDIS) is a relatively new scheme in Australia and has created significant market disruption particularly for professions such as allied health and psychology. As with other forms of government funding, the system can be difficult to navigate. If your practice is a registered provider, there are different rules and compliance requirements. Patients who are self-managed or plan-managed can access any practice, however you may need to invoice their Plan Manager for payment instead of receiving payment directly on the day.

The NDIS mandates service agreements between health professionals and NDIS participants for registered providers, and these are encouraged for plan-managed and self-managed participants.

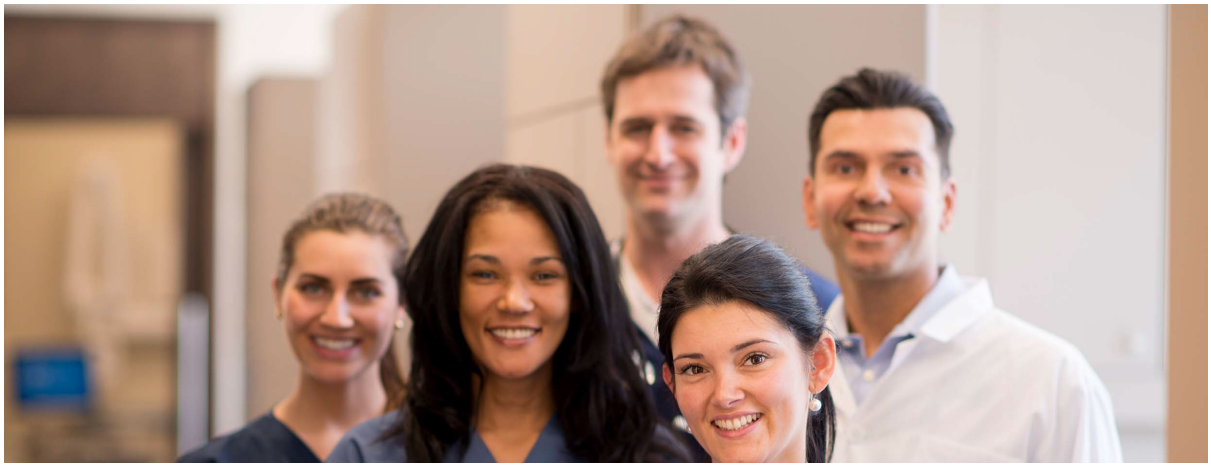
Service Agreements outline the agreed fee structure, code of conduct, and frequency of appointments during a plan period. Often the patient will have a set budget–that they are not required to disclose to you, for example $10,000 for capacity building which is the allied health 'bucket' of funding. The allied health professional and patient should plan how and when their services will occur to ensure they make the most of the budget without going over it, reserving some funding for report writing at the end of the plan period, and including travel if it is charged.

Registered providers have strict rules regarding what is billable, for example administrative duties such as setting up or changing appointments, invoicing, and establishing Service Agreements are not billable.

Summary

A healthcare practice relies on revenue from billing, and the medical receptionist has a critical role in billing patients. Understanding and applying the various funding options will assist patients to access timely and appropriate healthcare, while maintaining the revenue stream of the practice and meeting the practitioners' legal obligations. To feel confident in providing financial information to patients and acquiring Informed financial consent prior to treatment, it is critical to understand the systems you are dealing with as each has different rules and obligations for the practitioner and the practice.

Lesson 3: Workflows, policies and procedures



Lessons 1 and 2 introduced you to the highly complex Australian healthcare system, including the various funding options for patients. One way to streamline the complexity within a healthcare practice is to establish workflows in the most common areas of administration. Workflows are the way things are done and will be informed by the practices policies and procedures. The common workflows explored in this Lesson include patient registration, scheduling appointments, recalls and reminder, and a more in-depth look at billing as a workflow.

Establishing workflows and automation has benefits to the whole practice and particularly to the administrative staff. Benefits include greater efficiency, less menial and repetitive tasks, and reduced likelihood of errors and forgotten tasks. Automation improves job satisfaction for health administrative staff and practitioners, as they have more time to focus on challenging and meaningful work, including seeing patients. it is important to understand the capabilities of the practice management software and integrated systems used in your practice to ensure you are optimising the potential automation of processes.

3.1 Patient registration

When a new patient is admitted to the practice, it is crucial their registration is completed in a timely and accurate fashion. Patient registration details are practice specific, but usually include:

- their name
- date of birth
- address
- contact details
- next of kin and
- emergency contact.

Depending on the funding and billing processes in your practice, registration could include Medicare and private health insurance details, email address—for invoicing, or sending documents and organisational payer details. Examples of these details include plan managed NDIS participants, employers, or insurance companies. Some practitioners may request the patient to complete a new patient registration form which may also include clinical information.

3.2 Scheduling appointments

The art of scheduling appointments is a key skill of a Medical Receptionist.

The healthcare practice you work in will have specific policies for appointment scheduling, and these will vary amongst different types of health practitioners and even between practitioners within the same profession. For example, a clinical psychologist may have screening requirements to ensure there is no conflict of interest for example, not seeing members of the same family, and may only be prepared to take on a set number of new patients. Perhaps practitioners have a specialty such as teens, or don't see clients under a certain age. The list of differentials can be endless. When you work in a large or busy healthcare practice with many practitioners, it can be difficult to remember and comply with the various requirements. However, these are important because there is a risk of booking the wrong patient in with the practitioner which is a waste of money for the patient, or loss of income for the practitioner.

The practice should have scheduling policies around allocating a set number of new patients, urgent patients, follow ups, time for administration including writing reports and follow up of referrals. Complying with practice policy supports the administrative staff in efficient scheduling, and the practitioners in maximising their time seeing patients without running late and in the longer term, burning out.

Within healthcare settings, there are frequently waitlists and access issues to contend with, including not being able to see the healthcare practitioner when you need to see them. As such, the medical receptionist becomes the gatekeeper and must be provided with triage criteria and procedures to escalate urgent patients appropriately.

Did Not Attend (DNA)

Appointment reminders being sent out by text message or email prior to the appointment have proven highly valuable in reducing Did Not Attend (DNA) rates, and these can be automated from the

practice management software. DNAs cause problems because the revenue of the practice is impacted, and the appointment time could have been utilised by someone on the waitlist.

There are different policies regarding payment for DNAs in the different funding systems. For example, the practitioner cannot claim a Medicare rebate if the patient did not attend, whereas for clients being funded by the NDIS there is the opportunity to charge the full fee for DNAs or late cancellations, if it is stated in the service agreement. The practice may have a policy of charging for DNAs but apply exemptions on a case-by-case basis. Remember charging for a non-attendance or late cancellation may contribute to the practice losing the patient.

3.3 Recalls

A recall involves a situation where the practitioner is 'recalling' a patient to provide the results of a clinically significant investigation or test, which may need further information, treatment and/or additional testing or investigations. The practitioner has a **legal obligation** to recall the patient to provide their follow up care, with the extent of effort based on clinical judgement. For example, a patient who has test results indicating newly diagnosed cancer should be followed up urgently and with persistence, whereas slightly abnormal test results without a high degree of clinical relevance may wait until the next appointment.

3.4 Reminders

In contrast to the legal obligation of recalling patients for a clinically significant event, a reminder involves a situation in which a patient is reminded that they have an appointment, a procedure or investigation due. This may include regular screening or testing requirements or procedures, such as pap screening or immunisations. While reminders are good practice, there is no legal obligation for healthcare practices to provide reminders to their patients. It is, however, in the practice's interest to have reminder and confirmation systems such as SMS appointment reminders, as this reduces the DNA rates for the practice.

Medical receptionists have a significant role in providing both recalls and reminders, and it is important to follow the practice's policies and procedures to meet the practice's legal obligations with regards to recalls.

Activity 4: Recall and reminder workflows

Explore your practice management software to understand the workflows established around reminders and recalls. Do you think they support the practice in meeting good practice—reminders, and legal obligations—recalls?

End of activity

3.5 Billing

Accurately following billing procedures is essential because:

- businesses are required by law to keep financial transaction records for taxation purposes
- Medicare and the Department of Veterans' Affairs will not provide direct payments to medical practices if medical accounts documentation is inaccurate or incomplete
- patients will be unable to claim Medicare rebates on their medical accounts if the documentation is inaccurate or incomplete
- cash flow improves when documentation is processed accurately and quickly
- lost time correcting errors is reduced
- administration time and expenses are kept to a minimum
- bad debts and overdue accounts are less likely if the patient receives accurate documentation.

It is not feasible to provide guidelines on how a practice should be operating their billing policies because of the complexity of practice-specific policy and procedures. Rather it is the duty of all staff of the practice to work within the policies and procedures of the practice to ensure that the billing operates smoothly, efficiently, and accurately with a humanitarian approach.

Submitting medical accounts

It is important to understand the distinction between the 'patient' and the 'payer' when issuing an account or invoice.

'The patient' refers to the person who actually received the medical service, whereas 'the payer' relates to the person or agency that pays the account or invoice for a patient. There may be part payment via an agency for e.g., Medicare rebate, with the gap covered privately by the patient.

The payer of the account can be any of the funding bodies as detailed in Lesson 2.

When issuing the account, the procedures differ for each of these payers, and the practice should have procedures established for relevant payers. Generally, workflows will be established in your practice management software.

Receive and document payments

Raising a patient account relies on the practitioner communicating to the receptionist the item numbers or services that have been provided. The receptionist is then responsible for issuing the account for the correct amount and receipting payments made.

Prepare and issue receipts

When an account is issued, the patient, or payer, has several ways to settle the medical account. Payment can be made in full or in part at the time of consultation, or a line of credit may be provided. Most private billing practices charge the patient the full fee and electronically submit the claim online for the patient at the time of the payment. If the patient has registered their banking details with Medicare, the rebate goes directly into the patient bank account.

When an account is settled, it may be paid by cheque, cash, credit card, if facilities are available at the surgery, EFTPOS, or direct bank lodgement.

When the payer chooses to settle their account, a receipt must be issued. Receipts are:

- a legal requirement of all medical practitioners
- the means by which a patient can claim entitlements from Medicare, or as a member of a private health fund.

Receipts should be properly itemised containing all necessary details, such as doctor's name and provider number, date and itemised detail of service, any payments made, and any balance owing—if any. Receipts may be a separate form to the account or a combined invoice/receipt.

Reconciling payments with claims

In financial terms, reconcile means to make one account consistent with another. Accurate reconciliations of payments with claims made by the healthcare practice help the practice to monitor their transactions with Medicare and other funding bodies to ensure claims are paid in a timely manner, that the practice receives the rebates they are entitled to, and that patients' financial records are up to date. It ensures that all claims paid align to claims that have been made by the practice, and that codes and patients are all correct.

If there is a discrepancy between Medicare payments and claims made by the practice, medical administrative staff will need to check the attached remittance advice to see if a Medicare Assignment Form has been rejected or paid at a lower rebate. If a Medicare Assignment Form has been rejected, it might be the responsibility of administrative staff to correct an error on the voucher and re-submit it. If a Medicare Assignment Form has been paid at a lower rebate an adjustment might have to be entered into the financial recordkeeping system.

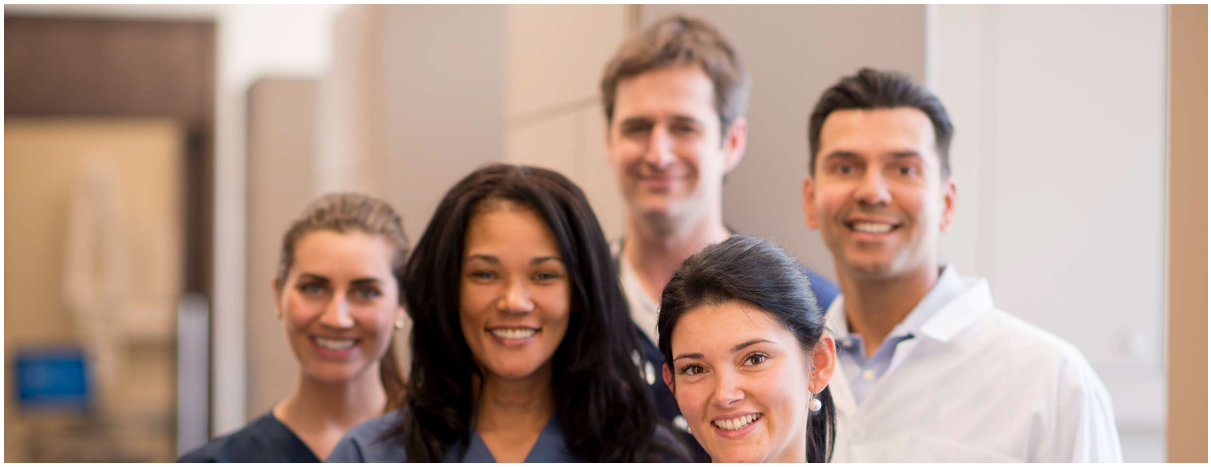
Medical administrative staff should advise the practice manager or accounts payable or receivable staff of any discrepancies in Medicare claims that come to their attention as the finance staff could be responsible for processing adjustments in the financial recordkeeping system.

Summary

One way to streamline the complexity within a healthcare practice is to establish workflows in the most common areas of administration. Workflows are the way things are done and will be informed by the practices policies and procedures. Common workflows include patient registration, scheduling appointments, recalls and reminder, and billing.

Establishing workflows and automation has benefits to the whole practice and particularly to the administrative staff. Benefits include greater efficiency, less menial and repetitive tasks, and reduced likelihood of errors and forgotten tasks. It is important to understand the capabilities of the practice management software and integrated systems used in your practice to ensure you are optimising the potential automation of processes.

Lesson 4: Quality improvement



Quality improvement initiatives are important across all aspects of a healthcare practice, including administrative and business tasks. Medical Receptionists have an opportunity to identify areas for improvement across all tasks within their role and need to think about efficiencies, minimising errors and improving the patient and clinician experience within the practice. The importance of continuous improvement is introduced in this Lesson.

There are major reforms planned for the primary healthcare sector in Australia, building on trials in recent years of different models of care. Major reforms include the increased focus on patient-centred care, team-based care, and voluntary patient registration. These topics are explored with particular focus on the role of the medical receptionist as a key team member.

4.1 Continuous improvement

Continuous improvement, by definition, is a never-ending journey that never ceases through the life of a practice. It requires the practice to make proactive improvements to all aspects of the business, including administrative duties. The following diagram shows some ways in which practices can achieve continuous improvement.

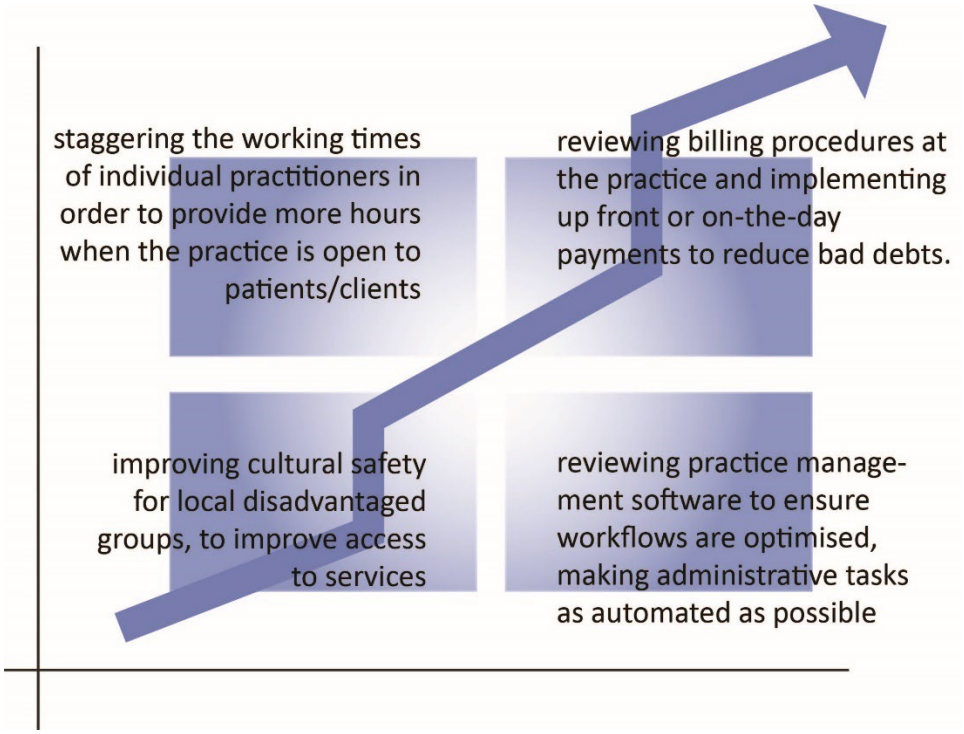


Figure 8: Ways practices can achieve continuous improvement

Continuous improvement as a concept is not about large wholesale changes. Rather it is more about small incremental steps that can enhance the patient's experience and/or improve operational performance.

The continuous improvement process is often depicted as an incremental pathway, with a wedge that holds organisational progress in place. The concept of continuous improvement is captured in the graphic below. In this analogy, imagine that the new improvement is like moving the ball a long way up a hill – a difficult process which will take time. It might only be done in small steps. We push it up and then wedge it in place, while we get our breath, then we push it a little more and hold it again. We don't want to slip back, so every step or change we make is incremental and builds on previous steps. Little by little, processes, thoughts and behaviours change, and this is what makes the difference over the time.

Eventually continuous improvement will get an organisation to the top of the hill.

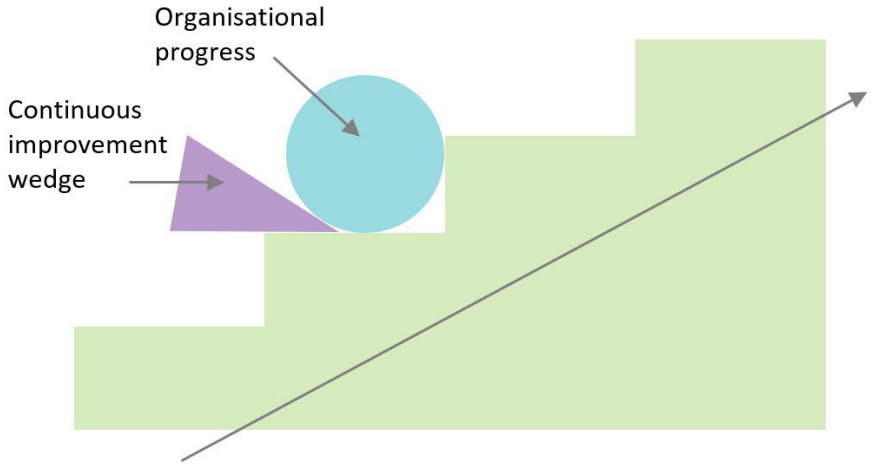


Figure 9: Continuous improvement pushing an organisation forward.

It is thought marked progress in an organisation can be made when incremental improvements are interspersed with what are termed radical improvements[5]. Small changes might occur through better monitoring, and radical improvements may occur when the whole machinery or technology is revamped. The figure below shows how both types of improvements can impact on an organisation.

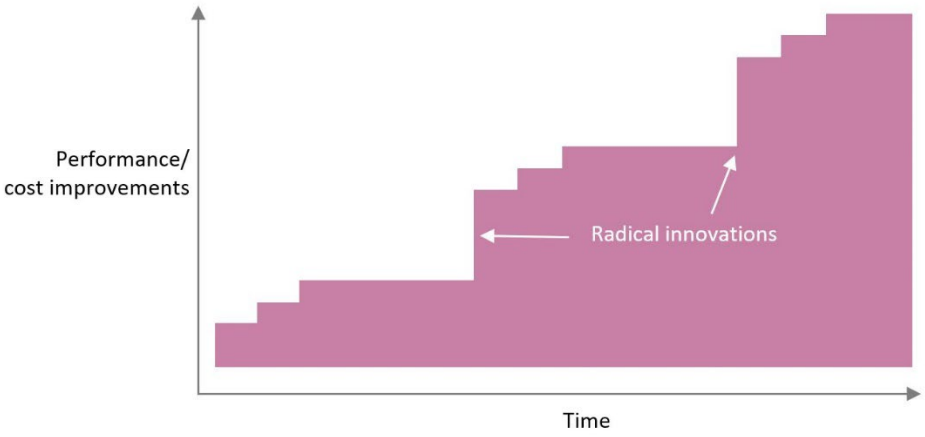


Figure 10: An industry timeline of radical and incremental improvement[6]

Radical improvements include significant Information Technology and system changes, such as a new Practice Management Software system, or a new integrated finance system that streamlines the billing and receipting processes. Automation can reduce accidental human error, and save hours of work, reducing the burden on staff who were required to complete the tasks.

On an everyday practical level, your role is to ensure that opportunities for improvement are proactively identified and come up with better ways of doing things. Keep asking 'why not?'. The front

[5] Bledow, R., Frese, M., Anderson, N., Erez, M., & Farr, J., 2009. *A Dialectic Perspective on Innovation: Conflicting Demands, Multiple Pathways, and Ambidexterity. Industrial and Organizational Psychology, 2*(3), 305-337. doi:10.1111/j.1754-9434.2009.01154.x

[6] Katz, R.N., 2003. *Balancing Technology and Tradition: The Example of Course Management Systems*, URL: https://www.learntechlib.org/p/97377/ Retrieved 29 October 2021

desk has a multitude of processes and procedures, and the administrative team are the best placed to identify inefficiencies, areas of risk, and better ways of doing things.

4.2 Voluntary patient registration

Voluntary patient registration (VPR) is radical innovation in the primary healthcare sector, identified as a key strategy in improving the coordination of primary healthcare services and thereby supporting populations with high health needs such as young children, people with chronic disease[7]. Such populations include mental illness, and older people. The concept of VPR also called 'empanelment' or 'patient registration', has been trialled in Australia in recent years and is set to be rolled out more broadly. Unfortunately, the recent COVID pandemic has stalled the implementation of VPR. Although the specific plans and logistics of the programs may change, the concept has remained consistent. Regardless, VPR will have significant impact on medical receptionists.

VPR is when a patient chooses and nominates a single healthcare 'destination' or home-base which will then have responsibility to coordinate and integrate allied health and other services.

The 'destination' service could be a general practice, Aboriginal Community Controlled Health Service (ACCHS), or community-based health centre. Within the healthcare 'destination', the patient will have a nominated lead practitioner who they see most of the time and who knows them well. This practitioner coordinates their care. VPR is expected to support the continuation of MBS telehealth services.

The result will be a medically led and coordinated multidisciplinary team approach, with the GP staying informed of their patient's care across primary, secondary, tertiary, and social care settings. The result for the patient is coordinated holistic care, preventative services, and wrap around support for complex and/or multiple health needs[13]. Coordination by the healthcare 'destination' improves partnership, accountability, reduces duplication of services and unnecessary tests, and supports better healthcare across the system. Partnerships between healthcare providers and patients and their families/carers are enhanced as relationships are formed and their health literacy is supported. Additionally, patients have increased access to services including telehealth and after-hours services[8].

4.3 Patient-centered care

The contemporary healthcare team centres around the patient, known as **patient-centred care** or alternatively person-centred care. Patient-centred care is another national reform strategy for primary healthcare, enabled by VPR and the continuity of the care relationship between the patient and their elected general practice or ACCHS. This involves shifting from the doctor-centred provision of care to team based care that includes the patient as a key and central team member. Patients are considered the central team member in setting goals, making decisions, and engaging in their healthcare.

[7] NewsGP. 2021. *Voluntary patient enrolment initiative delayed*, URL: https://www1.racgp.org.au/newsgp/professional/voluntary-patient-enrolment-initiative-delayed Retrieved 1 November 2021

[8] Primary Health Reform Steering Group. 2021. *Recommendations on the Australian Government's Primary Health Care 10 Year Plan*, [pdf], URL: https://consultations.health.gov.au/primary-care-mental-health-division/draft-primary-health-care-10-year-plan/supporting_documents/Primary%20Health%20Reform%20Steering%20Group%20%20Recommendations%20September%202021.pdf Retrieved November 2021

Patient-centred care is enabled by team-based care. In practice, team-based care could look like the patient having observations done by the medical practice assistant who is also the medical receptionist, the nurse providing complex care management, and the doctor prescribing medications. All team members communicate about the patient to optimise both their clinical care and administrative efficiencies.

To effectively establish patient-centred and team-based care, it is important that high needs patients nominate a healthcare 'destination' to coordinate their care, as in a voluntary patient registration.

4.4 Medical Receptionist as a team member

Administrative staff are a vital team member when providing team-based care to patients. Examples of tasks include:

1. The front desk staff book appointments accordingly to established triaging criteria (provided by the general practitioner) and balancing timely access to care with patients accessing their usual practitioner.
2. It is efficient to have a medical receptionist trained as a medical practice assistant or other healthcare assistant, so that they can provide dual services in administration and basic clinical skills such as taking patient observations (including blood pressure, weight, temperature) or providing therapy programs.

   Dual training/roles also keeps the job interesting, challenging, and enables you to be a stronger team member to develop rapport with patients.
3. The medical practice assistant carries out the recalls and reminders across the practice and takes their observations.
4. Assisting the patient to arrange transport ensures they can access their healthcare services.
5. Ensuring interpreters are booked when required enables access to appropriate healthcare and patient health literacy.
6. Coordinating and supporting family attending healthcare appointments. Sometimes this includes engaging young children/holding the baby for mum to focus on herself or other children.
7. Assisting clinical practitioners with processes that slow them down (fixing the photocopier is a frequent example), enabling them to see more patients.

Summary

Quality improvement is a critical part of healthcare in Australia, so much so that it is incentivised by government. Quality improvement can be small, incremental, continuous improvement initiatives, or large steps up such as when a new system is implemented. Both are important, and the medical receptionist has a key role in identifying opportunities for quality improvement across the business and administrative functions.

Significant reforms are planned for the primary healthcare setting, including the expansion of patient-centred care and VPR. This model of care considers the patient to be an equal team member in their care and requires the patient to develop a relationship with their nominated healthcare 'destination' and general practitioner. A strategy to achieve patient-centred care is to use team-based care, which requires the health team to have defined roles and responsibilities. Medical receptionists have an important part to play in team-based care, including facilitating access to timely and appropriate care,

enabling effective communication between patients and practitioners, and looking at new tasks and responsibilities.

Conclusion

The Australian healthcare system is one of the most effective in the world. It is, however, complex to understand and difficult to navigate. The medical receptionist requires a sound understand of the healthcare system to assist patients in navigating their care and to ensure the practice meets its legal obligations.

Due to the complexity of the healthcare system, establishing effective – and preferably automated, workflows for administrative tasks can save the practice a significant amount of administrative burden and reduces the risk of errors. For administrative staff, reducing the burden of repetitive tasks increases job satisfaction and enjoyment, as time can be spent on more complex and rewarding tasks. Understanding the practice management software and integrated systems is necessary to optimise workflows and automation.

Quality improvement touches all areas of the healthcare practice, not just clinical care. It is important to identify and apply opportunities for improvement across all aspects of the business and administrative tasks. The government is incentivising quality improvement in the primary healthcare space by encouraging patient-centred care and team-based care, of which the Medical Receptionist has an important role. Voluntary patient registration (VPR) is a key reform planned within the primary healthcare sector and will have significant impact on medical receptionists working with Aboriginal community-controlled health organisations, general practice, and regional medical hubs. VPR is a key factor in team-based care and patient-centred care, as it enables the healthcare team to develop a relationship with the patient over time.

Quiz questions

LD notes: publish as H5P

LD: multi-answer question

Question 1

Services delivered by primary healthcare providers include which of the following? Select all that apply.

- diagnosis, treatment, and care of people with health problems
- promoting good health
- preventing health problems
- performing complex surgery
- early intervention
- managing ongoing and long-term conditions.

Answer / H5P feedback

Services delivered by primary healthcare providers include:

- *diagnosis, treatment, and care of people with health problems*
- *promoting good health*
- *preventing health problems*
- performing complex surgery)
- *early intervention*
- *managing ongoing and long-term conditions.#*

LD*: Drag and drop*

Question 2

Match each component to the correct type of private health insurance cover.

- hospital cover
- ancillary (or extras) cover

- covers physiotherapy,
- dental and
- optical treatment.
- covers accommodation fees,
- theatre fees,
- a certain amount of the doctor's medical charges for treating a patient in hospital

Answer / H5P feedback

There are two types of private health insurance cover available:

- hospital cover
- *covers accommodation fees,*
- *theatre fees,*
- *a certain amount of the doctor's medical charges for treating a patient in hospital*
- ancillary (or extras) cover
- *covers physiotherapy,*
- *dental and*
- *optical treatment.*

LD*: true/false*

Question 3

Select if the statement is true or false.

A Medicare provider number is required for each practitioner, at each location they work.

True or false?

Answer / H5P feedback

True. A Medicare provider number is required for each practitioner, at each location they work.

End of activity