



Consultation Paper

Structure Reform: Revenue and Financial Services and Pathology Accounts

Consolidation PBRC billing and debt recovery functions and teams

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Contents

1.	Introduction	3
2.	Purpose	3
3.	Current model	4
4.	Rationale for change	6
5.	Future model.....	7
	5.1. Scope of the future model	7
	5.2 Benefits of the future model.....	8
	5.3. Implementation of the future model.....	8
	5.4. Implications for not undertaking the change	9
6.	Consultation methodology	9
7.	Available Support.....	10

1. Introduction

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person-centred care. It provides acute, sub-acute, primary, and community-based health services to the Australian Capital Territory (ACT)—a catchment of approximately 400, 000 people. It also services the surrounding Southern New South Wales (NSW) region.

CHS administers a range of publicly funded health facilities, programs, and services.

The Revenue and Financial Services and Pathology Accounts teams currently work under two separate divisions withing CHS. Their role within CHS is to ensure that the hospital receives correct reimbursement for the medical services provided and managing the financial records, billing, and payments associated with patient care.

In 2021, the Chief Finance Officer (CFO) chaired the Power Billing and Revenue Collection International Edition (PBRC) upgrade project. This project was to upgrade the billing system to enable the inclusion of Pathology and Dental billing following the Digital Health Record (DHR) implementation.

One of the outcomes of this project was a decision by the CFO to combine the billing teams from Dental and Pathology into the Patient Accounts team.

2. Purpose

The purpose of this proposal is to describe the proposed change in line management and location for staff in the Pathology Accounts teams and seek feedback on this proposal.

The proposed changes will streamline the functions performed in both the Patient Accounts and Pathology Accounts teams.

The proposal aims to:

1. Adapt to significant changes in workflows that have been introduced by Power Billing and Revenue Collection – International Edition (PBRC-IE).
2. Ensure a sustainable workforce and mitigate the significant recruitment risk by collaborating and skill sharing across a single team.
3. Consolidate knowledge base in all aspects of billing in CHS.
4. Provide a consistent model of billing and debt recovery functions.
5. Reduce duplication of effort.
6. Provide more opportunities for career growth and development in a larger team.
7. Provide a clearer hierarchy and reporting structure.
8. Increase the size of the team with comprehensive billing knowledge in CHS that will be more adaptable and responsive to changes in workload or project demands.

The proposed change in reporting lines and location will not result in any positions being identified as excess.

3. Current models

3.1. Revenue and Financial Services, Chief Finance Office Division

The Revenue and Financial Services team has two areas, the Revenue and Financial Services are responsible for the auditing and payment of Visiting Medical Officers, the Interstate Patient Travel Assistance, the Private Practice Funds and Medical Education Expenses Administration, the Cashiers office and related payments and reconciliations. The Patient Accounts team are responsible for hospital and medical services invoicing (excluding Pathology) and debt recovery.

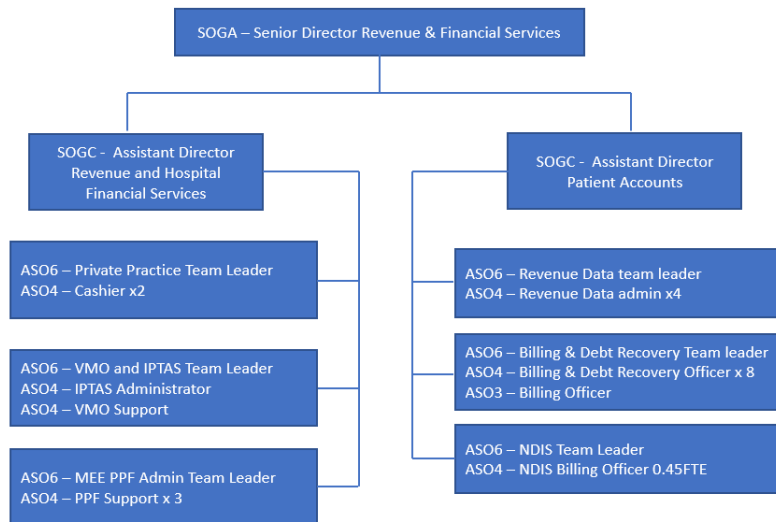
The Patient Accounts team provides financial and administrative support including processing accounts receivable, resultant follow-up and liaison for inpatients and outpatients of CHS, including the public hospitals and outpatient clinics across all health centres and clinics.

The team's role includes the management and oversight of financial processes, complex billing Medicare Benefits Schedule (MBS), Private Health Insurance and Non-Eligible patient billing, debtor follow up and correspondence, preparation of monthly reconciliations, provision of statistical information and reporting, and management of related patient enquiries.

The team maintain the integrity of the billing system and investigate and correct work list items errors and items that arise from the inbuilt workflow checks within the system and undertake the debt recovery process for all patient related invoicing including Pathology. The team provide billing training to outpatient clinics around referral and Medicare rules to support the revenue generation by Canberra Health Services.

This team currently use the financial management system *Power Billing and Revenue Collection – International Edition (PBRC IE)* which produces invoices from the data entered into DHR by the appropriate units. They also use the Microsoft Office suite in their daily tasks.

Current Structure below



3.2. Pathology Accounts, ACT Pathology, Deputy Chief Executive Office

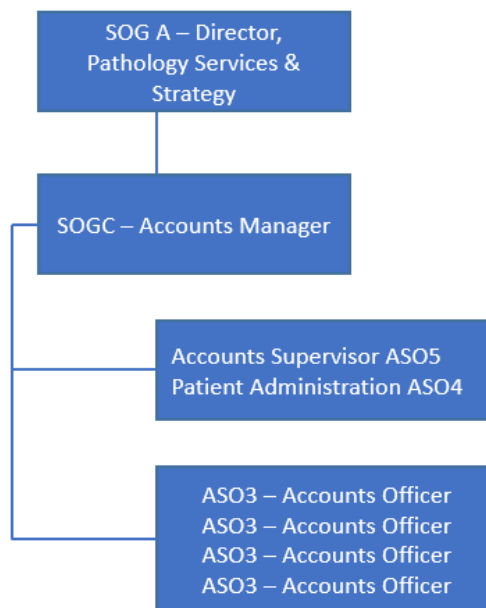
Pathology Accounts provides financial and administrative support including processing accounts receivable, resultant follow-up and liaison for inpatients and outpatients of CHS, including the public hospitals and outpatient clinics across all health centres and clinics.

The team undertake financial processes, complex billing, knowledge of financial information systems and the MBS as it relates to pathology, Private Health Insurance and Non-Eligible patient billing. Their experience includes knowledge and understanding of hospital billing procedures and billing of external customers. They also prepare monthly reconciliations, provide statistical information and other reports as required and manage patient enquiries.

The team maintain the integrity of the billing system and investigate and correct work list items errors and inbuilt checks within the system.

The team now use the financial management system *Power Billing and Revenue Collection – International Edition (PBRC IE)* which produces invoices from the data entered into DHR by the appropriate units. They also use the Microsoft Office suite in their daily tasks. The previous system was a standalone system called Kestral Laboratory Information System.

Current structure below:



4. Rationale for change

In December 2021 CHS implemented the *Power Billing and Revenue Collection – International Edition* (PBRC-IE) system in preparation for the Digital Health Record (DHR) go-live in November 2022. Pathology Accounts have also moved from legacy billing systems to PBRC-IE for all invoicing since DHR go-live.

Billing in PBRC-IE has automated some processes previously performed manually in the Pathology Accounts team. We foresee that the Pathology Accounts roles would transfer to the Patient Accounts team within the Revenue and Financial Services unit to enable alignment of patient billing processes within CHS. This will ensure that the functions are appropriately staffed, and the billing knowledge is shared across a wider team.

The collaboration and cross training of billing knowledge for Patient Accounts and Pathology Accounts will future proof the service and result in workflow efficiencies. Sharing knowledge and information will enable more efficient error corrections and processing of rejections.

To enable consistency of billing and debt recovery functions it is recommended that the two billing teams (Patient Accounts and Pathology Accounts) be brought together into one team under the Chief Financial Office Division.

To ensure ACT Pathology does not lose essential billing knowledge and MBS as it relates to pathology and the external business that ACT Pathology relies on, the Accounts Manager

(SOGC) and Patient Administration Officer (ASO4) positions will remain in ACT Pathology. These roles currently perform tasks outside of PBRC-IE that are specifically related to ACT Pathology business needs.

5. Future model

5.1. Scope of the future model

The proposed structure would merge the current Patient Accounts and Pathology Accounts teams into one team. This team would sit under the Chief Finance Group.

This change will impact both Patient Accounts and Pathology Accounts teams.

1. The Patient Accounts team will maintain their current reporting lines and structure. The team will gain five additional members from the Pathology Accounts team. There will be no initial change to work items, however in the future there will be opportunities to acquire new skills and knowledge in processing pathology-specific items.

The Pathology Accounts team will have a change in their current reporting lines, organisational structure and physical location. There will be no initial change to individual's duties, however in the future there will be opportunities to acquire new skills and knowledge in the non-pathology specific items.

2.

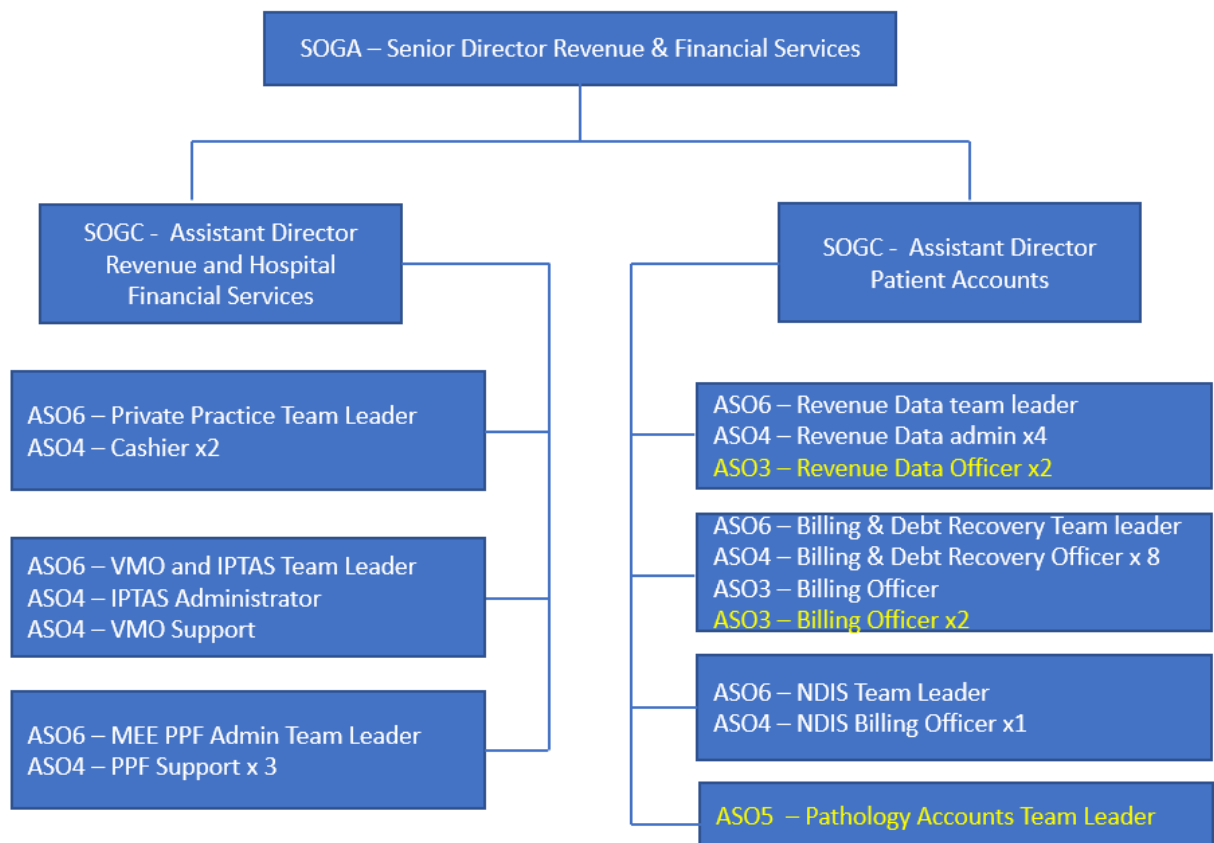
Pathology billing is complex and essential for the day-to-day running of the Pathology Division. This requires a role to be maintained within Pathology to facilitate Pathology processes such as implementing new tests, running reports and data extracts. The current SOGC position is proposed to be maintained within ACT Pathology with no change in reporting line or work location.

Additionally, the current ASO4 role in the Pathology Accounts team will be maintained within ACT Pathology. However, as the duties of this position include responsibility for performing specific functions relating to patient administration this position will move into the Pre-Analytical Services Groups team, with a reporting line change to the Manager of Customer Services.

In the proposed organisational chart below, roles highlighted in yellow will have a change in reporting lines and accommodation.

The accommodation for the expanded team will be at Village Creek, 37 Kingsmill St, Kambah ACT. There is ample free onsite parking, and the team will be co-located.

Proposed Organisational Chart for combined service. Pathology positions shown in yellow.



5.2. Benefits of the future model

The changes proposed in this consultation will consolidate the knowledge base of all aspects of billing within CHS. It will ensure a sustainable workforce by skill sharing across a larger single team providing redundancy. A larger team with comprehensive billing knowledge in CHS will be more adaptable and responsive to changes in workload or project demands.

A single Patient Accounts team that includes pathology billing will provide additional opportunities for career growth and development in the larger team.

There will be less duplication of effort and a more consistent model of billing and debt recovery functions.

5.3. Implementation of the future model

It is envisaged that the proposed structure will then be implemented within a one-month time period should the changes be endorsed following consideration of any feedback received through this consultation process.

5.4. Implications for not undertaking the change

Not implementing the change will have the following implications:

- Missed opportunities and efficiencies of a single PBRC-IE billing system.
- Business continuity preparedness at increased risk.
- Operational inefficiencies with unnecessary role overlap and duplication.
- Inconsistent models of billing and debt recovery functions; and
- Less opportunity for career growth and development.

6. Consultation methodology

This proposal provides more detail in relation to the Structure Reform: Revenue and Financial Services and Pathology Accounts. The table below details the further opportunities for consultation during this consultation period. There are still details that need to be determined and your feedback, suggestions and questions will assist in further refining the proposal.

Consultation Timeline	
Date/Week	Activity
Commencing 16 May 2024	Individual staff conversations as required
30 May 2024	Consultation Paper Released (including Unions)
30 May 2024	Start of consultation period (4 weeks)
From 10 June	During the consultation period, meetings will be scheduled to discuss feedback 1x session in pathology accounts 1x session in patient accounts Individual staff members will be met with as requested *Change management sessions by People and Culture.
26 June 2024	Consultation feedback period ends
27- June 2024	Feedback collated
28 June 2024	Overview of feedback and any changes to the proposal
1 July 2024	Implementation period commences

* Change management sessions requested to People and Culture. Awaiting timing confirmation.

Feedback can be provided via email to ACTHealthACTPathologyED@act.gov.au, by 26 June 2024.

We are seeking responses to the following questions:

1. Do you have any concerns about the proposal, if so, what are they?
2. Do you have any other feedback you would like to be considered in relation to the change of reporting structure and change of location?

For any further information relating to the Structure Reform: Revenue and Financial Services and Pathology Accounts and subsequent consultation process, please contact Fiona Webb on Fiona.webb@act.gov.au.

7. Available Support

CHS places the highest priority on employee health and wellbeing and offers several support options for you and any immediate family members, should this process become stressful for affected staff members.

The Employee Assistance Program (EAP), through Converge International, offers free, professional and confidential services to support staff members and their immediate family through both personal and work-related issues. To access support, staff are welcome to call 1300 687 327 (1300 OUR EAP). This number is staffed 24 hours a day, 365 days of the year. More information on the EAP and how to access services is available at the [Employee Assistance Program \(EAP\) \(sharepoint.com\)](#)

Additional support can be sought from the Workplace Resolution and Support Service by contacting CHS-HDWorkplaceResolution@act.gov.au or ph. 5124 3656.

8. References

Document	Author
Consultation Guidelines for Managers	People & Culture, Canberra Health Services
Recruitment policy	People & Culture, Canberra Health Services
ACTPS Union Engagement Policy	ACT Public Service
Administrative and Related Classifications Enterprise Agreement 2021-2022	ACT Public Service