

Dr Tom Karplus
Secretary
ASMOF (NSW)
Level 3 Suite 46
330 Wattle Street
ULTIMO NSW 2007

HPERM: H17/88139

20/12/17

Dear Dr Karplus

Patient Billing and Revenue Collection (PBRC)

I refer to your letter of 24 October 2017 regarding the implementation and utilisation of PBRC by Staff Specialists exercising their rights of private practice in accordance with the Staff Specialists' Determination.

In your letter you raised a number of concerns in relation to the utilisation of PBRC. The Ministry would like to respond to each of your concerns:

- i. PBRC does not determine the level of billing (up to the Schedule Fee) independently of the Specialist providing the service in either an inpatient or outpatient setting. PBRC automatically raises a charge as per the Hospital Purchaser Provider Agreement (HPPA) signed with the health funds at 100% of the Schedule Fee in an inpatient setting.

The fee in an outpatient setting is automated at the bulk bill rate (85%). However a clinician can charge the Schedule Fee (100%) with a simple manual adjustment done at the clinic or via billing sheets to the Public Health Organisation's (PHO) billing/revenue department.

- ii. PBRC does allow the raising of fees other than the MBS (such as workers compensation, privately referred DVA, Medicare Ineligibles etc). As this functionality is not automated in an outpatient setting, Staff Specialists can charge these rates either through the clinic staff at the time of service or with billing sheets to the PHO's billing/revenue department.
- iii. Inpatient billing can only occur when a clinician sends their billing information to the billing/revenue department (unless they choose to use a billing app) of the PHO. There is total transparency as it is the clinician who furnishes this information to the relevant billing/revenue department.

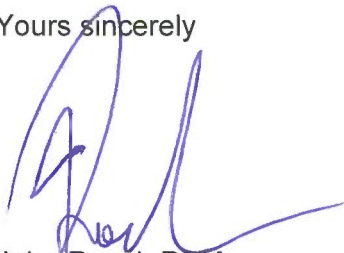
In an outpatient setting the clinician has the opportunity to review the item numbers for a period usually not less than seven days before the information is automatically sent to PBRC. This is for automated billings only (Medicare, DVA Medicare online). The clinician has the ability to confirm the item numbers prior to the information being sent. If an inappropriate item number is submitted to Medicare it will be rejected and must be corrected by outpatient clinic staff for resubmission. All other financial classifications require the clinician to either have their staff invoice at the time of service or send the information to the billing/revenue department for raising a fee.

The billing/revenue department relies entirely on the information provided by the clinician.

- iv. If an outpatient clinic or billing clerk inputs an MBS code for a worker's compensation patient PBRC will change it to the AMA rate as per the Scale of Fees/SIRA gazetted rates. This is a customised process and can differ from one PHO to another.
- v. PBRC does recognise self-referrals. They are called "self-deemed."
- vi. PBRC is a billing system for public hospital patients. If a clinician sees patients in a private hospital (under clause 15 of the Staff Specialists (State) Award "Outside Practice and Other Business Activities"), this activity must be billed privately and not via PBRC.
- vii. PBRC uses the MBS and AMA tables for billing Medicare eligible patients. The tables are loaded by eHealth when available. PBRC can only charge using these rates unless a clinician/hospital requests that a fee be modified (e.g. fees for Pain Management Programs).
- viii. PBRC charges the bulk bill rate for automated billings. The full payment (100%) can be charged as per point (i) above.

Should you have any queries in relation to this matter please contact Andrew Monk, Director, Revenue and Financial Services, on (02) 9391 9058 or amonk@doh.health.nsw.gov.au.

Yours sincerely



John Roach PSM
**Chief Financial Officer and Deputy Secretary,
Financial Services and Asset Management**