**Marker Guide 11**

Prepare and Process Medical Accounts

BSBMED302



First Edition, May 2023

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SHORT RESPONSE QUESTIONS

Section 1

INTRODUCTION TO HEALTHCARE FEE STRUCTURES

1.1 Mary is a patient at the clinic you work at, and she is eligible for Medicare. When she wanted to schedule an appointment, she also mentioned she wants to claim Medicare benefits but informed the receptionist she did not have a Medicare card.

Imagine you are the receptionist and outline what you should say to Mary. (Your response should be approximately 50 words)

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| Student must identify the procedures for advising patients without a Medicare card.Responses may include, but are not limited to, reference to: I will let Mary know that a Medicare card and number is required to schedule an appointment and to be eligible for Medicare benefits. I will also suggest to her to get in touch with Services Australia to apply for a Medicare card so that she can receive full Medicare benefits. |

1.2 Answer the following questions about services subsidised by Medicare.

a) Identify three (3) types of services that are subsidised by Medicare and provide two (2) examples for each of the services identified. (Your response should be approximately 30 words)

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| Student must identify the services that are covered and subsidised by Medicare.Responses may include, but are not limited to, reference to: * Hospital services: emergency care, most surgeries and procedures, medicines provided in hospital, follow-up care.
* Medical services: in-person and telehealth consultations with general practitioners, specialists, and other health practitioners. Mental health services and health checks are also subsidised by Medicare.
* Pathology services: diagnostic imaging such as MRI, ultrasounds, and x-ray scans. Other services subsidised by Medicare include pathology tests and eye tests.
* Medicines: prescription medicines that are listed in the Pharmaceutical Benefits Scheme (PBS) may be fully or substantially subsidised. We will look at PBS in detail later on.
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b) Provide three (3) examples of services that are not subsidised by Medicare. (Your response should be approximately 10 words)

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| Student must identify the services that are not covered and subsidised by Medicare.Responses may include, but are not limited to, reference to: * Elective and cosmetic surgery
* Most dental services
* Ambulance services
* Private health services
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1.3 Private health insurance is an optional health insurance scheme that Australians may choose to take out. Briefly outline two (2) benefits that can incentivise people to take out private health insurance. (Your response should be approximately 70 words)

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| Student must identify the incentives of taking out private health insurance.Responses may include, but are not limited to, reference to: * Paying less tax: individuals with private hospital cover do not have to pay the Medicare levy surcharge (up to 1.5% of their taxable income).
* Private health insurance rebate: individuals are able to obtain a rebate from the Australian Government if they have a private health insurance rebate and their income is below a certain limit. This rebate is obtained through lower insurance premiums or an offset in annual tax return.
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1.4 Outline two (2) differences between private and public health insurance systems when receiving in-hospital services. (Your response should be approximately 75 words)

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| Student must identify the differences between private and health insurance systems. |
| **Private Health insurance patients** | **Public health insurance patients** |
| * your health insurer covers some or all of the hospital costs (such as accommodation)
* Medicare covers some of the doctors’ costs
* your health insurer covers some or all of the remaining doctors’ costs.
 | * The public health care system will cover the cost of your treatment.
 |
| 1. As a private patient, you can choose your hospital, doctor and specialist.
 | * As a public patient, you cannot choose your hospital, doctor or specialist.
 |

1.5 Provide a brief outline of the procedure to support patients who are ineligible for Medicare benefits and would need to lodge claims from their private health insurance. (Your response should be approximately 50 words)

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| Student must identify the how to support patients with no Medicare.Responses may include, but are not limited to, reference to: * Inform patients of the full fees they need to pay out of their pocket
* Check whether their providers have an agreement with my workplace to make a direct claim to receive rebates instantly
* Offer a copy of invoice/receipt to the patient after full payment
 |

1.6 Read the case scenario below about Sonia and answer the following questions.

Sonia recently joined Southside Family Clinic as a junior health administrator. During her training, Sonia received a training manual with the list of services that the clinic provides, along with the fees for each service. The list is shown below:

* General Practitioner consultation (Dr. Huang, Dr Mauve, and Dr. Kennedy)
	+ Bulk-bill on Monday to Friday, 9am to 5pm
	+ $86.00 outside of these hours ($39.75 for Medicare benefits)
* Dermatologist consultation (Dr. Lester)
	+ Mole skin check - $180
	+ Mole removal - $350 for first mole, $320 for subsequent moles
	+ Other dermatology consultation - $190
* Clinical psychologist (Dr. James)
	+ First session - $240
	+ Subsequent sessions - $220

This morning, Sonia received a phone call enquiring about seeing a GP. The patient is a 35-year-old female named Claire Benson. She wants to see a GP about a sharp pain in her knee which exacerbates when going down the stairs. She would like to see Dr. Kennedy tomorrow (Wednesday) at 12.30pm. She would also like to know the fee if she sees Dr. Kennedy on a Saturday morning. Claire mentioned she has Medicare.

a) Outline how Sonia could advise Claire about the fee schedule for these services. Hint: your response should address both consultation time that Claire is interested in. (Your response should be approximately 60 words)

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| Student must demonstrate their ability to advise patients about fee schedule for the relevant services. Responses may include, but are not limited to, reference to: “Claire, thank you for your interest in having an appointment with Dr. Kennedy. For GP consultations, these services are categorised under the Medical Benefits Schedule, or MBS. Under MBS, you are entitled to claim 100 per cent of the schedule fee for a general practitioner consultation, which is $39.75. Would you like me to clarify anything?” |

b) After Sonia outlined the fee schedule to Claire, Claire expressed she did not quite understand the fee schedule and would want to know how much she needs to pay and whether Medicare covers it.

 Outline how Sonia could advise Claire about the fees for these two services she is interested in. Hint: your response should address both out-of-pocket costs and Medicare rebate. (Your response should be approximately 80 words)

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| Student must demonstrate their ability to advise patients about fees (including out of pocket cost) for the relevant services. Responses may include, but are not limited to, reference to: “That’s a good question, Claire! If you’re seeing Dr. Kennedy on Tuesday at 12.30pm, you will be bulk billed. This means that because you have Medicare, you do not have to pay anything for the consultation, as it is fully covered by Medicare. However, if you choose to see Dr. Kennedy on a Saturday morning, we do not bulk bill. As Medicare only subsidises $39.75, you will need to pay an out-of-pocket cost of $46.25. Would this be alright with you, Claire?” |

c) Claire is happy to schedule an appointment with Dr. Kennedy on Wednesday 12.30pm and would like Sonia to proceed with scheduling the appointment.

Using the Halaxy appointment booking software, schedule an appointment for Claire and take a screenshot to upload it as your response. Note: your response should show the appointment date, time, and patient name. You do not have to worry about location and practitioner name.

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| Student must demonstrate their ability schedule an appointment with the correct details. See example screenshot below. |



During the first week of July 2023, a patient walked into the clinic and expressed their interest in booking an appointment with Dr. James for an initial session. The patient, Gianna Brown, who is a 24 year old female, has a referral letter and mental health care plan from her GP, Dr. Kiera Le. After advising Gianna about the fee, she is happy to proceed with an appointment. However, as Gianna has a referral letter, Sonia needs to check her referral letter before scheduling an appointment. Below is an excerpt of the referral letter.

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| Dear Dr. James, Thank you for seeing Miss Gianna Brown, 24 years old, regarding her mental health condition. She is currently experiencing anxiety about the fear of losing her rental house….…Could I request you assess Gianna’s situation further and assist her to relieve her anxiety symptoms for 10 sessions? Please find enclosed Gianna’s mental health care plan. Regards,Dr. Kiera Le13 June 2023 |

d) Identify whether Gianna’s referral letter is valid and provide two (2) elements Sonia has to check to ensure the validity of Gianna's referral letter. (Your response should be approximately 35 words)

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| Student must demonstrate their ability to check the validity of a referral. Responses may include, but are not limited to, reference to: Yes, Gianna’s referral letter is valid. * Who made the referral and whether they are a registered medical practitioner
* The date the referral letter was made and whether it was within a 12-month period.
 |

e) After checking Gianna’s referral letter, Sonia intends to schedule an appointment for her. According to the clinic’s procedure and policy, Sonia should offer the earliest availability to patients along with three alternative options. Dr. James’ availability is listed below:

* 14 July 2023 - 8am
* 23 July 2023 - 9.30am, 10.45am
* 28 July 2023 - 11.20am, 12:20pm, 3.30pm

Outline what Sonia would say to Gianna to schedule her appointment with Dr. James. (Your response should be approximately 60 words)

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| Student must demonstrate their ability to schedule an appointment for patients. Responses may include, but are not limited to, reference to: “Hi Gianna, thank you for your patience! It seems like Dr. James’ not available until a couple weeks later on the 14th at 8am. Would that timing work for you? Otherwise, he is also available at 9.30am and 10.45am on 23 July, as well as 11.20am on 28 July. Would any of this work for you?” |

f) After scheduling an appointment, it is part of the clinic’s policy and procedure to make a copy of the patient’s referral letter and store it in the clinic’s secured storage area. There are also other procedures that the clinic staff are expected to adhere to:

* They need to be filed according to the patient’s last name and stored in the secured file storage area.
* The secured storage area is to be accessed only by authorised personnel, and an access logbook is used to log these instances.
* No patient documents should be left attended, especially the reception area which may be easily accessed by patients or other non-authorised staff.

After Gianna left the clinic, Sonia needed to use the washroom urgently. Sonia left Gianna’s referral letter and mental health care plan on the reception table and went to the washroom.

 Evaluate whether Sonia’s actions are appropriate. Then, provide two (2) actions that you would carry out if you are in Sonia’s position. (Your response should be approximately 85 words)

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| Student must demonstrate their ability to file patient referral records according to legislative and organisational requirements. Responses may include, but are not limited to, reference to: * Sonia’s actions are inappropriate because it puts the privacy of Gianna’s information at risk and this is in violation of the Privacy Act 1988, as well as her clinic’s policy and procedures.
* I would quickly file Gianna’s referral letter and care plan according to her last name in the storage area.
* I would ensure the door to the secured area is locked after me.
* I would fill in the logbook to that I accessed the storage area to file Gianna’s records.
 |

1.7 Imagine you are a new medical receptionist, Leonard, who just started at Dr. Jones’ cardiology clinic. Read the case scenario and answer the following questions.

Leonard recently started his new role as a medical receptionist at a cardiology clinic. His practice manager passed him a training manual that includes the price list for services provided by Dr. Jones. Some services from the list are shown below.

* Right heart catheterisation (MBS item 38200) - $480
* Cardiac electrophysiological study (MBS item 38212) - $1,850

On 30 October 2022, Leonard received a phone call from Binoy Pramid, a 79-year-old male who is interested in scheduling an appointment with Dr. Jones. Binoy mentioned he has been referred by his GP, Dr. Jill Fulton, to receive a cardiac electrophysiological study. He would like to know more about the fees before scheduling an appointment. Binoy mentioned he has Medicare.

a) Outline how Leonard could advise Binoy about the fee schedule for the service he is interested in. (Your response should be approximately 65 words)

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| Student must demonstrate their ability to advise patients about fee schedule for the relevant services. Responses may include, but are not limited to, reference to: “Binoy, thank you for your interest in booking an appointment with Dr. Jones. For the cardiac electrophysiological study you mentioned, it is listed in the Medical Benefits Schedule, or MBS. Under MBS, you are entitled to claim 75 per cent of the schedule fee for an out-of-hospital specialist consultation, the schedule fee is $1450.90. Would you like me to clarify anything?” |

b) After Leonard outlined the fee schedule to Binoy, he expressed he would want to know how much he needs to pay and whether Medicare covers it.

 Outline how Leonard could advise Binoy about the fees for the service he is interested in. (Hint: your response should address both out-of-pocket costs and Medicare rebate he is entitled to). (Your response should be approximately 40 words)

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| Student must demonstrate their ability to advise patients about fees (including out of pocket cost) for the relevant services. Responses may include, but are not limited to, reference to: “No problem, Binoy! For a cardiac electrophysiological study with Dr. Jones, our clinic charges $1,850 for the service. As Medicare only subsidises $1, 088.20, you will need to pay an out-of-pocket cost of $761.80. Would this be alright with you, Binoy?” |

 After advising Binoy about the fee, he is happy to proceed with an appointment. However, as Binoy has a referral, Leonard needs to check Binoy’s referral letter before scheduling an appointment. Below is an excerpt of the referral letter.

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| Dear Dr. Jones, Thank you for seeing Mr. Binoy Pramid, 79 years old, regarding his heart condition. He is not on any medications currently. ….Could I request that you conduct a cardiac electrophysiological study for Binoy Pramid to assess his condition further?Regards,Dr. Jill Fulton28 September 2022 |

c) Provide two (2) elements Leonard must check to ensure the validity of Binoy’s referral letter. Then, identify whether his referral letter is valid. (Your response should be approximately 35 words)

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| Student must demonstrate their ability to check the validity of a referral. Responses may include, but are not limited to, reference to: * Who made the referral and whether they are a registered medical practitioner
* The date the referral letter was made and whether it was within a 12-month period.
* Yes. Binoy’s referral letter is valid.
 |

After checking the referral letter, Leonard intends to schedule an appointment for Binoy. According to his workplace’s procedure and policy, patients who are aged 70 years and above are prioritised, as there are two time slots each day reserved for them. Further, it is part of the workplace’s policy to always offer the earliest availability to patients along with three alternative options, if the first option given is not taken up. Dr. Jones’ availability is listed below:

* 6 November 2022 - 2pm, 4.30pm
* 8 November 2022 - 10.30am, 11.30am
* 9 November 2022 - 8.30am (reserved slot), 4pm

d) Outline what Leonard would say to Binoy to schedule his appointment. (Your response should be approximately 55 words)

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| Student must demonstrate their ability to schedule an appointment for patients. Responses may include, but are not limited to, reference to: “Hi Binoy, thank you for your patience! It seems like Dr. Jones’ not available until a week later on the 6th at 2pm. Would that timing work for you? Otherwise, he is also available at 4.30pm of the same day and at 10.30am and 11.30am on 8 November. Would any of this work for you?” |

e) Binoy expressed he would like to see Dr. Jones on 8 November at 11.30am. Using the Halaxy appointment booking software, schedule an appointment for Binoy and take a screenshot to upload it as your response. Note: your response should show the appointment date, time, and patient name. You do not have to worry about location and practitioner name.

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| Student must demonstrate their ability schedule an appointment with the correct details. See example screenshot below. |



The clinic has a patient information storage policy, including the storage of patient’s referral letter. The clinic requires all staff to lock their computer if they are not in front of their computers or the computer screen may be viewed by others.

After Leonard has scheduled the appointment for Leonard, he still has Binoy’s referral letter opened on his computer and needs to save it on the clinic’s cloud server. However, Dr. Jones called for Leonard’s help for something urgent.

f) i) Evaluate what Leonard should do to ensure he adheres to the organisation’s record keeping policy. (Your response should be approximately 40 words)

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| Student must demonstrate their ability to file patient referral records according to legislative and organisational requirements. Responses may include, but are not limited to, reference to: Leonard should lock his computer with a password and turn his screen off before leaving his desk. This way, he can ensure Binoy’s privacy is protected and not accessed by others who are not authorised to do so. |

ii) Identify the legislation that Leonard has to adhere to when handling Binoy’s electronic referral letter. (Your response should be approximately 35 words)

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| Student must demonstrate their ability to file patient referral records according to legislative and organisational requirements.Responses must be correct. Electronic Transactions Act 1999.  |

Section 2

PREPARING MEDICAL ACCOUNTS FOR PATIENTS

2.1 Answer the following questions about the Department of Veterans’ Affairs (DVA) Health Card.

a) Provide a brief outline of what the DVA Health Card is, including who is eligible for this scheme. (Your response should be approximately 40 words)

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| Student must identify what is DVA, including its eligibility criteria. Responses may include, but are not limited to, reference to: DVA offers a range of health services for veterans, war widows/widowers, and dependents to treatment or services that are clinically required. Services Australia, on behalf of DVA, makes payments for services provided by health professionals to DVA Health Card holders. |

b) Identify the three (3) main types of DVA Health Cards and provide a brief outline of the benefits entitled for each type of card holder. (Your response should be approximately 60 words)

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| Student must identify the different DVA Health Cards. Responses may include, but are not limited to, reference to: * Gold/Gold TPI - full range of health care services at DVA’s expense and entitled to medical aids and appliances to assist them to manage their health conditions.
* White - entitled to be treated at DVA’s expense, including subsidised pharmaceuticals for their accepted service-related disabilities or illnesses.
* Orange - entitled to subsidised pharmaceuticals only
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2.2 Provide a brief outline of what workers' compensation is. (Your response should be approximately 90 words)

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| Student must demonstrate their ability to file patient referral records according to legislative and organisational requirements. Responses may include, but are not limited to, reference to: Workers’ compensation is a compulsory insurance that most employers are required to take out. This type of insurance ensures employees are compensated when they need medical treatment, rehabilitation, or time off to recover after being injured at work. If an employee gets sick from work, the relevant costs are also covered. Premiums of this insurance scheme are paid by the employer and cover most workers. There are 11 workers’ compensation schemes, with three for those who are employees of the Commonwealth Government and eight other schemes for employees in different states and territories.  |

2.3 Outline two (2) things you should take note of when receiving patients who wish to lodge for motor vehicle third party claims. (Your response should be approximately 50 words)

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| Student must demonstrate their knowledge about motor vehicle third party claims. Responses may include, but are not limited to, reference to: * The service and/or treatment of an injury should be due to a motor accident (or a transport accident)
* Verify liability and ensure the patient can make claims against the at-fault party and their insurer
* Obtain necessary information from patient, including insurance provider, claim number, and contact information.
 |

2.4 Complete the table below that outlines the differences between the group of patients who are eligible for the listed claims. (Your response should be approximately 20 words)

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| Student must demonstrate their knowledge about the differences between the three types of claims.  |
| Types of Claims | Eligibility |
| Workers’ Compensation | Injury must be work-related |
| DVA | Patients must hold the relevant DVA Health Card |
| Motor Vehicle Third Party | Injury must be due to a motor or transport accident |

2.5 This question is related to Question 1.6.

According to Southside Family Clinic’s billing policy and procedure, the clinic uses Medicare Easyclaim to lodge bulk bill claims. After the patient’s Medicare card swipes through the Easyclaim terminal, the staff should make sure the patient has authorised their Medicare benefit to the clinic. Then, provide a receipt to the patient and the staff needs to record this account in the clinic’s accounts system.

As Dr. Kennedy is authorised to provide treatment and services for DVA card holders, the clinic has a provider number and uses Medicare Online to submit DVA claims. The process is similar with bulk billing, but with the additional step of lodging the claim online from DVA.

a) After Claire attends her GP appointment, she is ready to settle her medical account, i.e., pay her medical bills. Outline the procedures Sonia should take when preparing Claire Benson’s medical account. (Your response should be approximately 60 words)

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| Student must demonstrate their ability to prepare bulk-billing Medicare account. Responses may include, but are not limited to, reference to: * Inform Claire of the total amount due and request that she swipes her Medicare card through the Easyclaim terminal.
* Enter service details such as provider ID and MBS item number.
* Ensure Claire assigns her Medicare benefit to the clinic.
* Provide a valid receipt for Claire.
* Record in the clinic’s account system.
 |

b) Two weeks later, Claire returned to the clinic for cosmetic mole removal procedures and removed three moles in total.

Identify whether Claire is eligible for Medicare rebate for this account. If not, provide the cost for services provided to her. (Your response should be approximately 10 words)

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| Student must demonstrate their ability to identify the eligibility of Medicare rebate and the cost of procedure.Responses may include, but are not limited to, reference to: No. Her procedure will cost $990. Students should be able to respond based on the knowledge gained throughout the Study Guide. |

c) After Claire has made the full payment, she requested a receipt so she could lodge a claim with her private health insurance.

Complete the receipt template below so that Claire can lodge her claim with her private health insurance.

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| **Southside Family Clinic****Receipt**Patient name: Claire BensonDate of service: 14 June 2023Service Provider: Dr. Lester Service Address: 430, Lakeside Drive, Southside, QLD 4003Service description: Cosmetic Mole Removal – 3 moles removalMBS Item no: N/AAmount charged: $990.00Amount paid: $990.00 |

Later in the day, Dr. Kennedy has another patient, Sam Healy. After the consultation, Sam wants to make his payment. He showed Sonia his DVA Gold Health Card.

d) i) Identify the account type Sonia should select to prepare Sam’s account. (Your response should be approximately 40 words.

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| Student must demonstrate their ability to select the appropriate account type. Department of Veterans’ Affairs Accounts. |

ii) Outline the procedure for Sonia to prepare Sam’s account, including which designated person or organisation Sonia has to forward the medical account to. (Your response should be approximately 50 words)

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| Student must demonstrate their ability to prepare for DVA claims and forward to the designated organisation. Responses may include, but are not limited to, reference to: * Verify that Sam is eligible to claim payments from DVA for his appointment.
* Submit the claim details on Medicare Online (to DVA) and verify details are accurate.
* Provide a valid receipt to Sam to record the settlement of his account.
* Record this account in the clinic’s accounts system.
 |

e) The following Saturday afternoon, Dr. Kennedy also saw another patient, Mrs. Heidi Chan, who recently hurt her back when she was lifting heavy boxes at her job. She was seeing Dr. Kennedy for the first time to assess her injury. After the appointment, Heidi speaks to Sonia at the reception to settle her account. She does not have Medicare.

i) Identify whether Heidi is eligible for Medicare rebate for this account. If not, provide the cost for the service provided to her. (Your response should be approximately 5 words)

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| Student must demonstrate their ability to identify procedures that cannot be claimed by Medicare rebate. Responses may include, but are not limited to, reference to: No. The service received costs $86.00.  |

ii) Identify the account type Sonia should select to prepare Heidi’s account. (Your response should be approximately 5 words)

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| Student must demonstrate their ability to select the appropriate account type. Workers’ Compensation Insurance.  |

iii) Outline the procedure for Sonia to prepare for Heidi’s account. (Your response should be approximately 70 words)

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| Student must demonstrate their ability to prepare for workers’ compensation claims and forward to the designated organisation. Responses may include, but are not limited to, reference to: * Verify that Heidi’s injury is related to her work and her appointment with Dr. Kennedy is related to this injury.
* Ensure that Dr. Kennedy has provided an injury report to Heidi.
* Request for Heidi to make the full payment and issue an itemised receipt for her so she could lodge her claims with Workers Queensland.
* Record this account in the clinic’s accounts system.
 |

2.6 This question is related to question 1.7.

Leonard scheduled an appointment for Sheila Jamal to see Dr. Jones. She was referred by her GP, Dr. Deborah Brown, as she was experiencing elevated heart rate after she got involved in a car accident recently. After her appointment with Dr. Jones, Sheila headed to the reception to settle her account. Sheila briefly mentioned she would like the clinic to bill OKM Insurance Company who should be responsible, and she would not be paying for the fees.

a) i) Identify the account type Leonard should select to prepare Sheila’s account. (Your response should be approximately 5 words)

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| Student must demonstrate their ability to select the appropriate account type. Motor Vehicle Third Party Insurance.  |

ii) You are familiar with OKM Insurance Company’s claims procedure, whereby the clinic can bill the insurance provider directly and the patient does not have to make any payment. However, the treatment/service received by the patient must be deemed valid and reasonable. The medical provider can then submit the claim on their online portal, along with any medical documentation such as reports and clinical notes to support the claim.

Outline the procedure for Leonard to prepare Sheila’s account, including which designated person or organisation Leonard has to forward the medical account to. (Your response should be approximately 70 words)

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| Student must demonstrate their ability to prepare for motor incident claims and forward to the designated organisation. Responses may include, but are not limited to, reference to: * Verify that Sheila is eligible to make claims against the at-fault party and OKM Insurance.
* Ensure Sheila has received valid medical documentation such as medical report and relevant test results from Dr. Jones.
* Submit the claim details and the medical documentation on OKM Insurance’s online portal.
* Provide a valid receipt to Sheila for documentation purposes.
* Record this account in the clinic’s accounts system.
 |

Section 3

PROCESSING ACCOUNTS

3.1 This question is related to questions 1.6 and 2.5.

One of Sonia’s responsibilities as a health administrator is to help maintain the clinic’s finances, which she has to adhere to the clinic’s policy and procedures. Below is an excerpt of the clinic’s procedures on processing medical accounts:

* Reconcile Medicare payments daily in the morning and record the daily amount in the clinic’s template
* Issue correct receipts to patients after full payment
* Only staff who are in a senior or supervisory role are authorised to communicate with Medicare with regards to Medicare payments.
* Patients are given a 7-day grace period before their payment is due. After that, a follow-up phone call will be made. Staff are required to check with patients regarding the reason for late payment and discuss any challenging circumstances.
* Payments made after 28 days from the invoice date will incur a late payment fee of 5% of the original due amount.

When Sonia was checking the clinic’s email this morning, she received Medicare’s notification that a few Medicare claims lodged have been processed. When Sonia downloaded the payment statement which includes patient name, date of appointment, and Medicare rebate paid to the clinic, she noted the below:

* Oliver Huang (Tuesday 23/05): $39.75
* Cassidy Smith (Tuesday 23/05): $131.65
* Darren Soh (Wednesday 24/05): $39.75
* Lucinda Carrell (Friday 26/05): $79.50
* Penny Strogen (Tuesday 23/05): $39.75

a) Based on the payment advice above, complete the clinic’s Medicare payment record below.

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| --- | --- |
| Day of Appointment | Payment Total |
| Monday | - |
| Tuesday | $211.15 |
| Wednesday | $39.75 |
| Thursday | - |
| Friday  | $79.50 |
| Saturday | - |

After Sonia recorded the Medicare payment in the clinic’s payment record template, she started comparing the payment statement against the claims lodged by the clinic. Below is a record of the claims lodged by the clinic:

|  |  |  |  |
| --- | --- | --- | --- |
| Day of Appointment | Patient Name | MBS Item No. | Medicare Benefit |
| 23 May | Oliver Huang | 23 | $39.75 |
| 23 May | Cassidy Smith | 80010 | $131.65 |
| 23 May | Penny Strogen | 23 | $39.75 |
| 24 May | Darren Soh | 23 | $39.75 |
| 26 May | Lucinda Carrell | 23 | $39.75 |

b) Identify and explain whether the Medicare payments are reconciled properly. If not, outline the actions that Sonia should take. (Your response should be approximately 40 words)

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| Student must demonstrate their ability to reconcile Medicare payments. Responses may include, but are not limited to, reference to: No. Medicare made an excess payment of $39.75 for Lucinda Carrell’s appointment on 26 May 2023. Sonia should inform her supervisor of this excess payment so they could get in touch with Medicare to amend the error.  |

c) An existing patient, Claire Benson, scheduled an appointment with Dr. Kennedy on a Thursday evening at 5.45pm. According to the clinic’s policy, Claire will be billed privately. After Claire made the full payment, she requested an electronic receipt so she could send it directly to her private health insurance to lodge a claim. Outline what Sonia should include in the receipt to be issued to Claire. (Your response should be approximately 70 words)

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| Student must demonstrate their ability to prepare for receipts according to requirements. Responses may include, but are not limited to, reference to: * the name of the patient
* the date of the service
* the amount charged
* the total amount paid
* any amount still owing
* an item number and/or a description to identify the service
* the name of the health professional that’s providing the service and address of the place of practice for the service
* the provider number of the health professional.
 |

d) Provide two (2) considerations Sonia should keep in mind when handling Claire’s electronic receipt. (Your response should be approximately 45 words)

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| Student must demonstrate their ability to store and provide financial information appropriately.Responses may include, but are not limited to, reference to: * Ensure the electronic receipts are transferred in a safe and secured manner and the information cannot be intercepted or altered by a third party.
* Ensure the electronic receipt are encrypted and are kept private and confidential according to the *Privacy Act 1988* (Cth)
 |

e) Subsequently, Claire scheduled another appointment for cosmetic mole removal procedure with Dr. Lester, which she received two mole removals. After the procedure, Claire expressed she would like to settle the accounts at a later date. However, after seven days, Claire did not make her payment. According to the clinic’s policy, Sonia needs to reach out to Claire to follow up on her overdue account.

Outline what Sonia could say to Claire to follow up on her account. (Your response should be approximately 60 words)

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| Student must demonstrate their ability to follow up on overdue accounts.Responses may include, but are not limited to, reference to: “Hi Claire, thank you for attending Southside Family Clinic with Dr. Lester a week ago! Hope you’ve been feeling well. I’m calling regarding the outstanding payment of $670 and wanted to check if you would like to make the payment now? If you find it challenging to pay the full amount now, we can definitely discuss this further!”  |

3.2 This question is related to Questions 1.7 and 2.6.

After Binoy received his procedures, he agreed on a payment plan with the clinic, whereby he will pay a monthly amount of $190.45 over four months. However, after the first month, Binoy has yet to make his first repayment. According to the clinic’s procedure, Leonard needs to make a follow-up phone call and check in with Binoy.

a) Outline what Leonard could say to Binoy about his late payment. (Your response should be approximately 70 words)

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| Student must demonstrate their ability to follow up on overdue accounts.Responses may include, but are not limited to, reference to: “Hi Binoy, we hope you’ve been feeling well! I’m calling regarding the outstanding payment for your first repayment which comes to $190.45, and wanted to check if you would like to make the payment now? If you find it challenging to pay the full amount now, we can definitely discuss this further!” |

b) After the phone call, Binoy made his first payment over the phone. Binoy requested for a receipt to be issued to him via fax. To do so, Leonard has to first issue Binoy the receipt. Complete the receipt template below.

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| **Dr. Jones’ Cardiology Clinic****Receipt**Patient name: Binoy PramidDate of service: 8 November 2022Service Provider: Dr. Jones Service Address: 9, Northhills Lane, Kendia, QLD 4200Service description: Cardiac electrophysiological studyMBS Item no: 38212Amount paid: $190.45Amount due: $571.35 |

c) After Leonard printed and filed Binoy’s receipt, as per the clinic’s policy, he needed to document the payment in the clinic’s accounts system. Complete the following template to document Binoy’s payment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Payment Due Date | 8 December 2022 | 8 January 2022 | 8 February 2022 | 8 March 2022 |
| Payment Amount Due | $190.45 | $190.45 | $190.45 | $190.45 |
| Payment Made? | Yes | - | - | - |

d) Four months later, Binoy finished his payment plan and his medical account can be settled. After Binoy’s last payment, Leonard filed the receipts in Binoy’s patient records. While the clinic mainly uses electronic records, some patient’s records are kept in physical copies and stored onsite. These records are usually kept for a certain amount of years.

Identify and outline the legislation piece that provides a guideline for Leonard and the clinic about the retention period of Binoy’s patient records. (Your response should be approximately 40 words)

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| Student must demonstrate their ability to store financial information appropriately. Responses may include, but are not limited to, reference to: *Health Records and Information Privacy Act 2002* (Cth). This legislation outlines that health service providers must retain Binoy’s patient records and relevant information for seven years since the last occasion when a service was rendered for him. |

e) Another crucial responsibility that Leonard holds is to check whether Medicare payments to the clinic are made accurately. According to the clinic’s policy, Leonard needs to carry out this task at the end of the day. Below is an extract of a payment statement provided by Medicare.

* Sven Lios (Wednesday 14/09): $139.75
* Gemma Lickel (Wednesday 14/09): $130.90
* Brian Sharma (Wednesday 14/09): $93.75

Leonard noted he lodged a claim total of $364.40 with Medicare for Wednesday 14 September.

Evaluate whether the Medicare payment for Wednesday 14 September can be reconciled correctly. (Your response should be approximately 25 words)

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| Student must demonstrate their ability to reconcile Medicare payments. Responses may include, but are not limited to, reference to: Yes. the Medicare payment for Wednesday 14 September can be reconciled correctly, as the total claims lodged is the same as the payment made by Medicare. |