



Australian Government

Department of Education, Employment and Workplace Relations

BSBMED302B Prepare and process medical accounts

Revision Number: 1

BSBMED302B Prepare and process medical accounts

Modification History

Not applicable.

Unit Descriptor

Unit descriptor	<p>This unit describes the performance outcomes, skills and knowledge required to provide advice to patients regarding fee structures and process referrals, and to prepare and process medical accounts for a range of patients.</p> <p>No licensing, legislative, regulatory or certification requirements apply to this unit at the time of endorsement.</p>
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Application of the Unit

Application of the unit	<p>This unit applies to individuals who are skilled operators and apply a broad range of competencies in various medical administration contexts. They may exercise discretion and judgment using appropriate knowledge to provide technical advice and support to a team.</p>
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Licensing/Regulatory Information

Not applicable.

Pre-Requisites

Prerequisite units		

Employability Skills Information

Employability skills	This unit contains employability skills.
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Elements and Performance Criteria Pre-Content

Elements describe the essential outcomes of a unit of competency.	Performance criteria describe the performance needed to demonstrate achievement of the element. Where bold italicised text is used, further information is detailed in the required skills and knowledge section and the range statement. Assessment of performance is to be consistent with the evidence guide.
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Elements and Performance Criteria

ELEMENT	PERFORMANCE CRITERIA
1. Provide advice to patients about fee structure	1.1. Identify and advise patients of schedule of <i>fees</i> for different services 1.2. Advise patients regarding <i>entitlements and rebates</i> 1.3. Schedule <i>medical appointments</i> using appropriate booking and account <i>systems</i>
2. Process referrals to specialist practitioners	2.1. Check referrals to ensure validity 2.2. Follow correct <i>procedures for referral</i> 2.3. File referral letters according to legislation and enterprise <i>policies and procedures</i>
3. Prepare medical accounts for bulk billed and private patients	3.1. Accurately follow <i>procedures for billing</i> based on <i>account type</i> 3.2. Identify and cost procedures which are not eligible for Medicare rebate 3.3. Select and complete <i>appropriate account and billing documentation</i> according to enterprise and legislative requirements 3.4. Follow procedures for preparing Veterans' Affairs, workers compensation and motor vehicle third party accounts accurately 3.5. Forward medical account to <i>designated person or organisation</i> according to <i>legislation</i> and <i>account processing procedures</i>
4. Process accounts	4.1. Receive and document payments 4.2. Prepare and issue receipts to person or authority according to legislation and office policies and procedures 4.3. Reconcile Medicare payments with claims made by the medical practice 4.4. Follow-up overdue accounts 4.5. Provide and <i>store financial records</i> and data in accordance with policies and procedures of the medical practice

Required Skills and Knowledge

REQUIRED SKILLS AND KNOWLEDGE

This section describes the skills and knowledge required for this unit.

Required skills

- communication skills to listen and follow instructions and communicate professionally and clearly with patients, allowing for patients difficulties in understanding
- literacy skills to read and understand financial procedures and documentation
- numeracy skills to work with basic financial and accounting procedures, file documents and interpret data in tables, graphs and diagrams
- proofreading skills to check calculations, invoices and fee structures.

Required knowledge

- health care system
- Medicare entitlements, schedule book, MedClaims
- public and private health insurance systems
- provisions of relevant legislation from all levels of government that affects business operations, codes of practice and national standards, such as:
 - anti-discrimination legislation
 - ethical principles
 - privacy laws
 - Freedom of Information Act
- compensation systems, including workers compensation
- procedures for patients without Medicare card or number.

Evidence Guide

EVIDENCE GUIDE	
<p>The Evidence Guide provides advice on assessment and must be read in conjunction with the performance criteria, required skills and knowledge, range statement and the Assessment Guidelines for the Training Package.</p>	
Overview of assessment	
Critical aspects for assessment and evidence required to demonstrate competency in this unit	<p>Evidence of the following is essential:</p> <ul style="list-style-type: none"> • communicating information on a range of entitlements and benefits • using appointment and referral systems to ensure accuracy of billing records and processes • applying knowledge of the healthcare system and practice policies and procedures to ensure timely and accurate collection of accounts.
Context of and specific resources for assessment	<p>Assessment must ensure:</p> <ul style="list-style-type: none"> • access to an actual workplace or simulated environment • access to office equipment and resources • examples of documentation and resources.
Method of assessment	<p>A range of assessment methods should be used to assess practical skills and knowledge. The following examples are appropriate for this unit:</p> <ul style="list-style-type: none"> • direct questioning combined with review of portfolios of evidence and third party workplace reports of on-the-job performance by the candidate • review of authenticated documents from the workplace or training environment • analysis of responses to case studies and scenarios • demonstration of techniques • observation of presentations • oral or written questioning to assess knowledge of workplace emergencies, risks and hazards • observation of performance in role plays • assessment of documentation.
Guidance information for assessment	<p>Holistic assessment with other units relevant to the industry sector, workplace and job role is recommended, for example:</p> <ul style="list-style-type: none"> • BSBITU306A Design and produce business documents.

Range Statement

RANGE STATEMENT

The range statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Bold italicised wording, if used in the performance criteria, is detailed below. Essential operating conditions that may be present with training and assessment (depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts) may also be included.

<p><i>Fees</i> may relate to:</p>	<ul style="list-style-type: none"> • advice to patients • AMA recommendations • Department of Veterans' Affairs • insurance medical reports • Medicare (hospital, medical) • other items sold to patients (e.g. immunisations, dressings) • other services provided by the clinic • provision of copies of medical files • provision of legal and other reports • provision of repeat prescriptions • refund only • scheduled fees • services provided to Divisions of General Practice • services with no fee structures • Transport Accident Commission • workers compensation
<p><i>Entitlements and rebates</i> may relate to:</p>	<ul style="list-style-type: none"> • Department of Veteran's Affairs • Medicare • private health funds (level of cover, restrictions) • Transport Accident Commission • workers compensation
<p><i>Medical appointments</i> may include:</p>	<ul style="list-style-type: none"> • block • limited block • sequential
<p><i>Systems</i> may include:</p>	<ul style="list-style-type: none"> • software-based accounting and appointment systems • print-based accounting and appointment systems
<p><i>Procedures for referral</i> may</p>	<ul style="list-style-type: none"> • checking for 'acceptable evidence' (e.g. name of referring doctor, address or service provider)

RANGE STATEMENT	
include:	<ul style="list-style-type: none"> number of the referring doctor) • checking that the referral is valid (e.g. length of time stated in the referral has not been exceeded) • entering patient details into computer system • filing patient notes • maintaining patient information • recording information • word processing
<i>Policies and procedures</i> may include:	<ul style="list-style-type: none"> • abiding by state/territory and federal legislation • accessing and updating files • bank reconciliations and preparing banking documentation • correspondence format • end of session, end of day, end of week, end of month and end of year procedures • following instructions • information specific to the enterprise • management of provider numbers for doctors • managing particular Medicare problems (e.g. lost cards, newborns, foreign national, new card numbers, patients separating from family cards) • office practice manual • RACGP Code of Practice for the Management of Health Information in General Practice • RACGP Entry Standards for General Practices • recording information • security, confidentiality and privacy procedures
<i>Procedures for billing</i> may include:	<ul style="list-style-type: none"> • additional information • attachments • claims • dates and names • Department of Veteran's Affairs items of service • descriptions of services • explanatory notes • forms • Health Care cards

RANGE STATEMENT	
	<ul style="list-style-type: none"> • hospital • item numbers of services • levels of fees • medical certificates • Medicare item numbers • Medicare provider numbers • name of service provider • patient details • payment options • referrals • services that are consultation items, and those that are procedural items • treatment vouchers • vouchers • workers compensation
Account type may include	<ul style="list-style-type: none"> • bulk billing • private
Appropriate account and billing documentation may include:	<ul style="list-style-type: none"> • accounts • enterprise's templates (e.g. for accounts, accompanying reports) • forms • invoices • receipts • reports • statements • vouchers
Designated person or organisation may include:	<ul style="list-style-type: none"> • Australian Medical Association • Department of Veteran's Affairs • guardian • Health Insurance Commission • patient • Transport Accident Commission • workers compensation organisations
Legislation may relate to:	<ul style="list-style-type: none"> • consent • duty of care • equal opportunity • malpractice • negligence • occupational health and safety (OHS) • privacy

RANGE STATEMENT	
	<ul style="list-style-type: none"> • relevant state/territory and commonwealth Acts • workers compensation
<i>Account processing procedures</i> may relate to:	<ul style="list-style-type: none"> • additional information • attachments • claims • dates and names • debt collection • descriptions of services • explanatory notes • forms • Health Care cards • item numbers of services • levels of fees • medical certificates • Medicare item numbers • Medicare provider numbers • name of hospital • name of service provider • overdue accounts • patient details • payment options • receipts • reconciliation of claims and payments • referrals • vouchers • workers compensation
<i>Storing</i> procedures may relate to:	<ul style="list-style-type: none"> • date order • period of storage • storage conditions
<i>Financial records</i> may relate to:	<ul style="list-style-type: none"> • computerised billing software • credits and debit amounts • daily/weekly summaries/reports • general ledger • Medclaims (electronic billing of Medicare) • overdue accounts • overdue debtors list/report • payment history • payments received • receipt book

RANGE STATEMENT

	<ul style="list-style-type: none"> • statements • statistics • types of payments and related documentation/reports (e.g. credit card payments, EFTPOS)
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Unit Sector(s)

Unit sector	
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Competency field

Competency field	Administration - Medical Services Administration
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Co-requisite units

Co-requisite units		