

HNELHD: Patient Services & Centralised Revenue Unit Redesign

Dear Member,

Attached is correspondence the HSU has received from Hunter New England Local Health District regarding a redesign of Patient Services & Centralised Revenue Unit.

Member feedback requested

The HSU industrial team is currently reviewing the potential impacts of the proposed restructure upon affected employees. We are now seeking feedback, views and comments from our members.

Please review the attached documentation and provide comment and feedback by close of business 21 June 2018. You can submit it by email to steve.towarnicki@hsu.asn.au with subject line *HNELHD Patient Services & CRU*.

HSU organiser and sub-branch involvement

Your HSU organiser will be visiting your workplace shortly and convening a meeting to discuss the matter with affected employees. The HSU is also seeking expressions of interest from members to be part of the consultative process as a workplace delegate in any upcoming USCC meetings regarding this proposal. The most effective way to deal with these kinds of proposals is by taking into account the concerns of the group, agreeing on a way forward and presenting that united position to management.

Please distribute this newsletter to your work colleagues for their information and comments and encourage them to attend the meeting.

Not a member of the HSU? Now is time to join and have your say! You can join online at www.hsu.asn.au/join or call 1300 HSU NSW and join over the phone.

A union's effectiveness and negotiation power depends upon the strength and density of its membership base. Join your work colleagues today by becoming a member of the Health Services Union and help us continue to protect and improve your working life.

In unity,



Gerard Hayes
Secretary, HSU NSW/ACT/QLD



Our Ref: HR-31143-L0B2Z2

8 June 2018

Mr Gerard Hayes
Secretary
Health Services Union
Level 2, 109 Pitt Street
SYDNEY NSW 2000

Via email: gerard.hayes@hsu.asn.au

Attention: Michael Kearns (via email at Michael.Kearns@hsu.asn.au)

Dear My Hayes,

HNELHD –Patient Services & Centralised Revenue Unit (CRU) Redesign

I refer to Mr Peter Evenden's A/Executive Director Financial Services letter to you dated 28 May 2018 and the Patient Services & Centralised Revenue Unit meeting on Friday 1 June 2018 that Mr Michael Kearns attended regarding the proposal to redesign the Patient Services & Centralised Revenue Unit (CRU). A commitment was given to provide the HSU and all staff with further detail of that proposal in writing. Hereunder is an outline of the proposal, the detail of the changes and the process that will occur over the coming weeks. Attached for your information is a copy of the letter provided to staff.

As you are aware, the Centralised Revenue Unit (CRU) is responsible for identifying if a patient is eligible for the service that they are receiving treatment for under their Health Fund coverage. The proposal to redesign that process occurred to prevent unforeseen out of pocket expenses for the patient and to better align HNE Health processes with other Health Districts. As a consequence of a review that was conducted to better understand the current function of the unit where it was suggested that the Eligibility Checks need be performed in real time and for further changes to be made to improve the service efficiencies and the overall patient experience.

It is proposed to implement a permanent service change to extend hours of operation for fund eligibility checks to be performed in real-time, 24 hours, 7 days per week. This will ensure that accurate information is provided to the patient with regards to policy coverage at the time of the admission process to obtain Informed Financial Consent (IFC) and to prevent the patient incurring non-redeemable costs.

As explained, to ensure that any changes were sustainable, management consulted with staff regarding the suggested way forward and subsequently staff voluntarily engaged in a trial of performing real time eligibility checks which required them to participate in a full 24/7 roster on a temporary basis. The trial has now reached a point where the implementation of real time eligibility checks is proving to be successful. This is supported by feedback from staff and financial and activity data across the

service. The analysis of the financial and activity data during that trial period was presented at the meeting last Friday.

HNE Health now wish to introduce a structure that recognises the necessary changes that have proven successful during the trial and to implement further changes that will improve overall efficiencies, service provision and ensure that excellence tools and tactics are consistently utilised within the service.

It was explained at the meeting that the service is proposing a new structure is introduced that requires approximately 7-8FTE of Revenue Clerks, Administration Officer Level 4 positions to be transitioned over to a 24/7 roster to facilitate real-time eligibility checks. The proposed FTE is an estimate based upon what would be required for a full roster that is award compliant with the incorporation of leave coverage. It is proposed that the transition will occur via a voluntary arrangement allowing staff to nominate if they would like to permanently move to a 24/7 roster. Any residual vacancies will be filled by recruitment action to a 24/7 roster. Overall I stress these changes will not have any impact on the existing staff within the unit who do not voluntarily transition to the 24/7 roster.

As part of the review, the remaining structure was also closely considered including the CRU Team Leader, Health Manager, Level 1 positions where at this time 2 of the 3 positions remain vacant. It has proposed that there is considerable benefit in re-aligning a Team Leader position to the John Hunter Admissions Department. The goal of this realignment is to balance the supervisory duties across the broader Patient Services portfolio and to assist with the consistent management of work-flow tasks within both services to ensure that appropriate supervisory coverage is available to support relevant functions of the services.

Specifically it is proposed that:

1. One Team Leader, Health Manager Level 1 position to provide operational support to the Manager, John Hunter Admission Unit. This would result in one position of Health Manager Level 1 being transferred from CRU at Waratah to John Hunter Admissions Department.
2. The Eligibility Checks role to be changed to real time 24 hours, 7 days per week. This would result in approximately 7-8FTE of the positions of Revenue Clerk, Administration Officer Level 4 transitioning to a full 24/7 roster working between John Hunter Hospital and Waratah Campus.
3. Defining of the roles and position descriptions will improve communication and understanding within the unit and provide a clear understanding of each person's role and function within the unit;

Please see attached a current and proposed organisational chart that visually represents the realignment outlined above.

The proposed structure is a strategic realignment of the roles and responsibilities of and the implementation business rules, guidelines and protocols as a way of better managing the Patient Services & Centralised Revenue Unit (CRU) and the service it provides.

The Health District is wishing to engage in the consultative process, reach agreement and implement the changes as soon as possible and welcomes any comments of the Health Services Union in relation to these changes. Should the HSU have any feedback or wish to establish a USCC we would appreciate details of this by close of business **15 June 2018**.

Should you have any questions or wish to discuss this matter could you please contact Jenna Bell, Human Resource Consultant on (02)49853260 or email at jenna.bell@hnehealth.nsw.gov.au

Kind regards,



Kevin O'Malley
Human Resources Manager – Corporate
Hunter New England Local Health District

cc: Renae Lines, HNE Revenue and Patient Service Manager
Kelley Martin, Manager, Centralised Revenue Unit
Jenna Bell, HR Consultant
Mark Jeffrey, Executive Director Financial Services

Attachment 1: Proposed CRU Org Chart
Attachment 2: Proposed JHH Admissions Department Org Chart
Attachment 3: Letter to Staff



Health
Hunter New England
Local Health District



Attachment 1: Proposed CRU Structure

Patient Services & Revenue Manager

Revenue Manager

Team Leader - Vacant

15.6 FTE:

- Receipting
- Bank Reconciliation
- Cashier
- Reception
- Debt Recovery
- Imaging
- VMO Processing and Payments

Proposed staff 15.6 FTE

Team Leader - Justine

17.4 FTE:

- Private Patient invoicing
- Residential Aged Care / Nursing Home Type Patient
- Medical Logs
- Eligibility
- Outpatient Billing

Proposed Staff 17.4 FTE

Attachment 2: Proposed JHH Admissions Structure

