**001. Why the change?**

Answer

Currently there are two patient billing systems used across NSW Health. These are PowerBilling & Revenue Collection - Australian Edition (PBRC-AE) and Platypus2. With the contract for PBRC-AE due to expire, as part of the Comprehensive Expenditure Review (CER) initiatives, the opportunity was taken to review patient billing systems and processes across NSW Health, to improve efficiencies in the overall Patient Billing function.  
As a result of the review, the Patient Billing Standardisation Program (Program) was established. The Program will deliver PowerBilling & Revenue Collection – International Edition (PBRC-IE) as a single billing system to reduce costs, improve data quality and increase revenue.  
The Program will be implemented under HealthShare NSW (HSNSW) within a statewide Patient Billing Shared Services Centre to deliver operating efficiencies, increase in revenue opportunities and performance as well as an agile workforce.

**002. What is happening now?**

Answer

The Program will transition all identified LHD/SHN staff to HSNSW throughout 2025/2026. Guided by the Program team, we will work together with LHDs and SHNs to:  
1. Transition all identified LHD/SHN staff into HSNSW.  
2. Train all regular and targeted users across the state on the new patient billing system  
3. Establish a Patient Billing Statewide Shared Service in HSNSW  
  
Please note all Patient Billing staff across the state will receive training in the new system which will be delivered by a combination of HSNSW and eHealth NSW (eHNSW).

**003. What’s the consultation timeline?**

Answer

Formal consultation with impacted employees commenced on 14 November 2024, following the staff announcement. Union consultation will continue (sporadically) until formal agreement is gained that consultation is no longer required and/or once the program has achieved final implementation. Staff will continue to be updated and consulted until transition and/or final implementation of the Program is achieved.  
  
Please refer to Slide 17 in the Patient Billing Standardisation Program Staff Town Hall - 26.11.24 slide deck for the Consultation Schedule.

**004. What date will I have to transition into HSNSW?**

Answer

Proposed staff transition dates were shared at the Staff Townhall on Tuesday, 26 November 2024. Please refer to Slide 19 in the Patient Billing Standardisation Program Staff Town Hall - 26.11.24 slide deck for the Proposed Staff Transition Dates for each LHD/SHN.

**005. How did you determine which roles would remain and which would move to HSNSW?**

Answer

The due diligence process was conducted with each LHD to understand the current state and existing roles. Following this, an analysis was performed, and any roles involving patient billing transactional functions were determined to be in scope for transition into HSNSW.

**006. What if I don’t want to transition into HSNSW?**

Answer

All roles identified under the scope of patient billing transactional functions, including staff that substantively own these positions are in the proposed transition to HSNSW. The conditions of transition for staff means the same role and same Award, with the same pay and conditions, under HSNSW.  
We are committed to working with you to address any concerns you may have about the transition.

007. Can I opt for a voluntary redundancy?

Answer

The staff transition process does not include an option for expressions of interest in voluntary redundancies.

008. Can I get a redundancy calculation?

Answer

The staff transition process does not include an option for expressions of interest in voluntary redundancies.

009. What will happen to me if I am told my role will not transition?

Answer

This means that your role has not been identified as an affected position within this Program. It is recommended that you have a discussion with your manager or your local Human Resources Business Partner within your respective LHD/SHN.

010. Will my conditions of employment change?

Answer

Post transition your conditions of employment will remain the same under the Health Employee’s Conditions of Employment (State) Award you are currently employed.

011. I currently work flexible hours, will this change?

Answer

HSNSW has a Workplace Flexibility policy and is committed to working through current arrangements on a case-by-case basis. Any staff that would like to have flexible working hours will need to discuss this with the Statewide Patient Billing Manager.

012. Will I lose my accumulated leave entitlement?

Answer

As per your award conditions, all leave entitlements will transition across to HSNSW.

013. What if I am in excess of my leave entitlement?

Answer

Leave will be managed on a case-by-case basis, and we can help you manage any excess leave entitlements, such as ADO or annual leave, by creating a plan that aligns with our Workplace Flexibility Policy.

014. Who is available if I have further questions or if I need support?

Answer

It is recommended that in the first instance talk to your manager. Alternatively, you can also speak to your local HR Business Partner. For additional support please contact your respective Employee Assistance provider to access free, independent and confidential counselling support available.  
  
Staff are encouraged to send any written questions or feedback to MOH-PatientBillingStandardisationProgram@health.nsw.gov.au.

015. Which Unions have been informed?

Answer

The Program commenced formal consultation with the Health Services Union (HSU) on 14 November 2024 to discuss the impact of the changes on their members. The first Union Specific Consultative Committee (USCC) meeting was held on Tuesday, 26 November 2024. Minutes from this meeting will be shared once endorsed by USCC quorum. Other union associations have been informed of program where applicable.

016. Where can I find the minutes from the USCC meetings?

Answer

All USCC minutes will be made available here once endorsed by USCC quorum.  
  
https://nswhealth.sharepoint.com/sites/MOH-PBP/SitePages/USCC-Minutes.aspx

017. What is HealthShare NSW?

Answer

HSNSW supports NSW Health to deliver clinical care and help drive system-wide improvements.  
  
As the largest government shared services organisation in Australia, HSNSW is a statewide body of more than 7,500 employees who support the delivery of patient care in NSW Health. HSNSW play an increasing role in caring directly for public hospital patients, providing them with clinically appropriate transport, nutritious hospital meals, and a clean and comfortable hospital experience. HSNSW also support all NSW Health’s doctors, nurses, allied health and administrative teams by ensuring they have the supplies and equipment they need to do their jobs.  
  
Find out more about HSNSW: https://www.healthshare.nsw.gov.au/about

018. Can you explain what 'transition' means?

Answer

Transition is an industrial term associated to the transfer of services and/or staff between different organisation/entities. The purpose is to lift current staff/structure/processes and transition the staff/structure/processes over to HSNSW. If there are any changes it will be addressed through the Patient Billing Statewide Shared Service realignment after the last LHD transitions to HSNSW. Staff will transition to HSNSW under the same Award and conditions, meaning, staff will continue in their current roles and positions.

019. Given the many unknowns regarding staff, has the Program considered focusing on system reviews and changes first, rather than addressing workforce issues immediately?

Answer

The Program’s approach was examined from multiple perspectives. We understand this is complex and are committed to providing consultation and support throughout the Program.

020. When will it be determined which roles will stay at the LHDs, and will these roles have standard position descriptions and grading across districts?

Answer

As part of the due diligence process, in consultation with each LHD, the Program team are finalising the specific details on which positions will remain in the LHDs and which positions will transition to HSNSW. An example, is that it has been agreed that the Patient Billing Liaison position that will remain in the LHDs. The grading for these positions will be reviewed by each LHDs grading committee, which may vary based on the LHD’s size and  needs.

021. Will staff who transition to HealthShare need to reapply for their jobs?

Answer

The Patient Billing Statewide Shared Service realignment will provide more clarity because we are not sure know how many people will retire or find other positions before their LHD is due to transition to HSNSW. If there are more people than positions after Patient Billing Statewide Shared Service realignment, people may need to reapply, but this is a separate process.

022. How will the disparity in grades be addressed in relation to the roles being assigned?

Answer

Staff will transition to HSNSW under the same Award and conditions, meaning, staff will continue in their current roles and positions. If there are any changes it will be addressed through the Patient Billing Statewide Shared Service realignment which is proposed to commence in 2026.

023. Will staff on contracts transition to HealthShare NSW?

Answer

We need to maintain the service and we'll address these contracts individually with each LHD.

024. What happens if my temporary contract ends during the transition to HealthShare NSW, will I be re-recruited for that position?

Answer

We encourage all staff to email their specific questions to the Program mailbox MOH-PatientBillingStandardisationProgram@health.nsw.gov.au and a team can offer you tailored support and information.

025. As CCLHD is the first to transition, will we continue to remain located in CCLHD?

Answer

CCLHD is between NSLHD and HNELHD, making it reasonably accessible to 1RR and Charlestown. You could potentially continue working at CCLHD. HSNSW offers a flexible working policy that includes options for hybrid work, allowing employees to work both from home and the office.

026. After transitioning to HealthShare NSW, will the invoicing teams raise invoices for specific LHDs or across the whole state?

Answer

Staff will continue to manage their LHDs in their current structure. In 18 months, during the Patient Billing Statewide Shared Service realignment, they will transition to the new function. Staff may assist other LHDs if needed, but primarily, they will focus on their LHD of origin.

027. How will debt recovery transition to HealthShare NSW, and how can we ensure it remains effective during and after the transition?

Answer

Initially, you'll manage the same LHD. During the realignment, KPIs will be set between HSNSW and LHDs. We'll learn from existing LHD processes to optimise our model. Your expertise is crucial for providing best practice service during and after the transition to HSNSW.

028. Will the Patient Liaison position be a new role or use existing resources?

Answer

The Patient Billing Liaison position won't be a new budgeted position. It will come from current staffing numbers. The Program will re-engage a few months before the transition to determine the patient billing function and required numbers. This will give your staff an opportunity to apply for those positions.

029. Will the revenue improvement role be managed by NSLHD or HealthShare NSW, and how will it be structured moving forward?

Answer

The revenue improvement role will stay in NSLHD. There's an opportunity for close collaboration to improve processes, reduce manual work, and ensure accuracy. Teamwork between HSNSW and LHDs is essential.

030. Can the Charlestown HealthShare office accommodate all Hunter transactional employees on-site at the same time?

Answer

There are approximately 500 people at Charlestown, working 1-2 days a week. There's enough capacity for those wanting to work at Charlestown. We're aware more people, especially from Hunter, may move into this office, but we have enough space for everyone. Staff with internet issues can also work there.

031. Can we continue working in our current offices instead of moving to HealthShare NSW location or working from home?

Answer

HSNSW will work with LHDs for a location to provide the service. We also want an office presence, especially near Newcastle and Sydney, for training and onboarding. Understanding and identifying best practices is challenging if you're working full-time in an LHD, but we'll collaborate on what that looks like.

032. During the transition period will there be a job freeze? Is there a job freeze now?

Answer

We are not implementing a recruitment freeze, but consultation with each LHD has been around assessment of need and appointing via temporary means only for the time being if recruitment is essential.  If there are staff shortages, this is also the purpose of the recently advertised AO4 positions that are intended to assist staffing levels for interim periods.

033. Are the advertised positions contract or permanent? During the transition, will affected staff be offered contract or permanent roles?

Answer

Staff transitioning to HSNSW will transition from their LHD under the same Award and conditions. If there are any changes it will be addressed through the Patient Billing Statewide Shared Service realignment after the last LHD transitions to HSNSW.

034. What training will help our staff apply for new positions during the realignment process?

Answer

Before the new system goes live as per the schedule, training will be available for all staff. HealthShare NSW also offers various upskilling courses in technical skills and leadership, available and accessible to all staff.

035. What role do you envision for Northern Sydney in this project, and how do you see us contributing to its success?

Answer

Northern Sydney (NS) LHD's partnership role is important, leveraging subject matter expertise and knowledge of patient billing. We will collaborate closely with you, fostering a partnership as NSLHD acts as the crucial link. Our joint efforts will ensure seamless communication and effective implementation.

036. Can you confirm that the partnership with NSLHD will ensure network-wide engagement to address everyone's needs during the design process?

Answer

The Program’s governance structure is in place to support and deliver the Program. We're also prioritising engagement by planning meetings and setting up clear communication channels.

037. Hunter New England Local Health District has been pushed forward. What is the timeline for this project? With 39 facilities potentially utilizing it, what support will be needed given the geographical challenges?

Answer

Scheduled for March/April 2025, Northern Sydney (NS) and Central Coast (CC) Local Health Districts (LHD) have been identified as the pilot LHDs for the Paperlite project. Enhancements will be prioritised based on the feedback gathered from the pilot LHDs. The Paperlite project team are currently finalising the post-pilot timeline for implementation but expect Hunter New England (HNE) LHD will be the next LHD. To ensure support on the roll out for all HNE facilities to be on Paperlite before the PBRC-IE implementation in July, additional Implementation Officers will be recruited early 2025.  
  
Facilities have been categorised by size based on district and Revenue Portal data. Larger facilities will receive onsite training and more resources for go-live, while smaller facilities will have one implementation officer and a hybrid training approach. Before implementation, key stakeholders at each LHD will be engaged for input and to ensure comfort with the approach .

038. When is Paperlite User Acceptance Testing (UAT) scheduled?

Answer

User acceptance testing (UAT) is scheduled for February 2025. We aim to finish the build by the end of this calendar year. After the break, we'll start planning for UAT in January and conduct UAT throughout February.

039. If certificates aren't digitised, will storing them on the revenue portal take up too much space?

Answer

We're currently working through the process mapping for Paperlite, specifically regarding whether acute care and day-only certificates will be scanned directly into IE in the future. Our goal is to have all documents in the revenue portal eventually. The space issue shouldn't be a problem since we've moved to the cloud, and the paperwork will be stored there for seven years.

040. Does Paperlite need to be implemented before these transitions?

Answer

The go-live date for PBRC-IE in HNELHD is July 16, 2025. During the transition, patient billing staff will move to HSNSW.  We'll ensure LHDs have the necessary staff for their roles. Since HNELHD will still be on Platypus 2, so not having Paperlite won’t have a significant impact. Work is underway to bridge the gap between the transition to HSNSW and the implementation of Paperlite. Once the Paperlite pilot is complete, we aim to be ahead of the PBRC-IE implementation. If not, we'll establish an interim process with the districts.

041. Has the Program consulted with ASMOF about the impact on doctors?

Answer

There's a comprehensive engagement piece and NSLHD will assist with the engagement process and impact assessment. This is a significant and sensitive task currently in progress.

042. How can we improve engagement with health funds, considering the ongoing issues with single rooms and other matters?

Answer

As the legislation is not very prescriptive, legal advice is that digital signatures will be compliant. There are precedents from other jurisdictions such as Queensland, and the ACT with EPIC. Many private facilities use digital signatures on the national private patient claim forms. The Ministry has notified health funds about the Patient Billing Standardisation Program and its benefits. A letter is being prepared to inform them that the program will be piloted in February and March, and to invite their feedback. This initiative will improve informed financial consent, providing an audit trail of patient signatures in the billing system, making desktop audits easier. This should benefit the health funds as well.

043. We had concerns during COVID when they only accepted digital signatures for specific COVID period dates, how will we handle digital signatures and paperwork to ensure compliance with Teachers' Health requirements?

Answer

We're informing all health funds about the transition. Unlike the COVID process of email confirmations, we're replacing paper forms with signed, witnessed digital versions. We're working through the details.

043. What will be HealthShare NSW’s charging model to the LHDs?

Answer

We're currently working on the debt collection agency process and how HealthShare NSW will bill for this service. Typically, we charge LHDs based on activity volumetrics. We'll establish activity drivers, cost them, and charge LHDs accordingly. This will be done transparently, without a profit margin. Initially, we'll use a fixed model for 12-18 months, then transition to a transactional model.

044. Would you consider a pay for performance model instead of volume-based metric model?

Answer

We can consider various debt collection methods, including upfront payment for overseas patients. Initially, pricing will be fixed for the first couple of years, with risks shared between LHDs and HealthShare NSW. We'll discuss this with the DoFs and the Ministry.

045. Once the new system and processes are put in place, is there a specified time frame for how long it will take to rework the processes?

Answer

As part of User Acceptance Testing (UAT), we have three rounds of testing. The first will be conducted by the vendor and Program team and is focused on configuration. We will then proceed to the second round and the third round which usually involves system-based testing. Rounds 1 and 2 require LHD involvement.  
  
A post-implementation review is planned to occur three months post system implementation to ensure everything is working as planned.  
  
The Paperlite project will also follow a similar approach, noting that there will be project staff on site to gather user feedback and triage requests or issues for the pilot sites (Northern Sydney and Central Coast LHDs). Issues and enhancements will be triaged to refine the solution before statewide rollout.

046. Hunter New England has over 30 sites, how will resourcing be distributed to provide enough support to the staff?

Answer

We will start recruiting additional officers in January, adding seven more officers during the pilot phase to support the statewide rollout.  
  
It should be noted that the Paperlite features will be turned on at the facility level, not the LHD level, which will ensure an effective progressive rollout will occur with adequate support provided. This phased approach requires more development time but allows for a smoother implementation.

047. We have concerns regarding the recruitment lead time and upskilling of resources for the Paperlite project, how will we ensure that we have enough people resourced and upskilled in readiness for the go-lives?

Answer

Our current team (Paperlite), comprising of an implementation lead and officers, are working closely with the Northern Sydney team and are ready for the Royal North Shore Hospital pilot. We will be recruiting two additional implementation officers in January 2025 to assist with the remaining rollout for the remainder of the Northern Sydney and Central Coast facilities. We are targeting to have these officers start by mid-late February and aim to recruit another seven implementation officers to prepare for the statewide rollout.

048. Do the User Acceptance Testing (UAT) nominees conduct testing prior to the go-live transition?

Answer

UAT is scheduled between mid-May and mid-June which is before the first PBRC-IE go-live in July 2025. Participation from the LHD is essential.

049. Will there be any redundancies offered 18 months after system implementation?

Answer

Unfortunately, a definite answer to this cannot be provided as yet, due to this piece of work not occurring for another 18 months. However, policy states that if staff are declared “excess”, they are referred to the Public Sector Mobility Pool for redeployment assessment. If redeployment is unsuccessful, then Voluntary Redundancies will be considered. For further information, please refer to the Managing Excess Staff of the NSW Health Service.

050. Will UAT testing be conducted by the LHD staff who transition to HSNSW?

Answer

UAT testing will be performed by staff that were nominated by their Director of Finance. This may include both staff that are transitioning to HSNSW and those whose roles have been identified to stay in the district.

051. Will staff who transition to HealthShare need to reapply for their jobs?

Answer

Staff whose roles have been identified as impacted will transition to HSNSW under the same employment conditions and will not be required to apply with the transition of services.  Due to the Patient Billing Statewide Shared Services Realignment not occurring for another 18 months, we are not sure know how many people will retire or find other positions between transition of services and realignment.   Therefore should  there be  more people than positions after the Realignment, people may need to reapply, but this is a separate process and will be managed in accordance with the Managing Excess staff policy.

052. After the realignment process occurs, what will happen to the displaced staff?

Answer

Unfortunately, a definite answer to this cannot be provided as yet, due to this piece of work not occurring for another 18 months. However, policy states that if staff are declared “excess”, they are referred to the Public Sector Mobility Pool for redeployment assessment. If redeployment is unsuccessful, then Voluntary Redundancies will be considered. For further information, please refer to the Managing Excess Staff of the NSW Health Service.

053. Are management staff impacted as part of the realignment process?

Answer

The structure includes several management positions for the long term. Unfortunately, a definite answer cannot be provided yet, due to the realignment not occurring for another 18 months. If there are more people than positions available after Patient Billing Statewide Shared Services Realignment, people may need to reapply, but this is a separate process.

054. Is there an organisational structure diagram available outlining all the reporting lines for each LHD in the post HSNSW transition stage, before the realignment occurs? Can this be shared?

Answer

We are currently developing org charts to confirm team structures upon transition to HSNSW (prior to realignment considerations), and are aiming to have these available for consultation with the HSU / Staff in January 2025.

055. Will debt recovery / compensable still be an important role in the new billing system?

Answer

Yes, debt recovery / compensable will continue to be an important role in the new billing system.

056. If redundancies were offered, will they be paid for all your years of service within the LHD, or for how long you have been at HealthShare?

Answer

Policy states that if staff are declared “excess”, they are referred to the Public Sector Mobility Pool for redeployment assessment. If redeployment is unsuccessful, then Voluntary Redundancies will be considered. For further information, please refer to the Managing Excess Staff of the NSW Health Service.  
If offered a redundancy, it would cover your entire continuous service with NSW Government.

057. Will there be an opportunity for other LHD/SHNs to get a demonstration on how Paperlite will function and flow?

Answer

Yes, a demo will be provided at the next Paperlite Advisory Group on the 4th February, where other LHD/SHNs will be invited to see how it will function and flow.

058. Where are the Paperlite jobs advertised?

Answer

The team are currently recruiting a HM3 Implementation Officer (REQ542464) and Clerk Grade 11/12 Principal Revenue Advisor Paperlite Project (REQ542464) to cover a maternity leave position.  
  
Following the pilot implementation, the team will be recruiting additional HM1 Implementation Officers to support with subsequent rollouts of Paperlite.

059. With respect to Paperlite, requests have been received from NNSWLHD IT to receive approval from the Digital Health ELT Subcommittee for the iPads. Can NNSWLHD bypass this step to get local approval?

Answer

The Paperlite team will be in contact directly with NNSWLHD prior to implementation, as NNSWLHD does not have a contract with eHealth. As such, eHealth were not able to provision iPads directly.  
  
Other LHDs who are in a similar position have been advised that funds would be provided by the project team to purchase iPads directly. Charlie Lee and Rory Allthorpe will be in contact directly with NNSLHD.

060. Can you provide additional information on manual claims and how they will be addressed moving forward? E.g., claims related to teacher’s health that are processed manually.

Answer

Paperlite will still send the election forms - HC21 forms. These forms will then be entered into PBRC-IE. When manual claims or invoicing are required, one of our change requests is to ensure that when an invoice is created, the election form and HC21 are also printed simultaneously. This will streamline the process within PBRC.

061. What’s the alternative while we’re still in PBRC-AE? Will we continue printing from paper for manual claims, or will that be transferred into PBRC-AE? What’s the process moving forward?

Answer

The Paperlite team are currently working on establishing an interim process where Paperlite is live, but not PBRC-IE. There will still be the digital forms and they will be stored in the Revenue Portal as they wont be intergrated with PBRC-AE, there will be a process to close the edit checks in PBRC-AE once the paperwork is complete in Paperlite.  
  
We're currently mapping out this interim process internally and plan to present this to the Paperlite Advisory Group for ratification. There will be slight variations within each LHD until a full transition to the system is achieved. This process mapping ensures the interim solution isn't too burdensome on the districts.  
  
Paperlite is digitising the forms – digital versions will be available, but there will be instances where forms can't be signed digitally, such as after-hours or by clinical staff.  
  
In these cases, paper forms can be uploaded to the system, integrating into PBRC. You can print out the national claim or election form and send a manual claim for overseas insurers. Once the paperwork is signed, it downloads as a PDF, which can be printed and sent to insurers.

062. How will manual claims be processed for private health funds?

Answer

Paperlite signed forms are sent to PBRC-IE and will be included with the manual claims.

063. For international insurers will claims be processed manually?

Answer

Paperlite signed forms are sent to PBRC-IE and will be included with the manual claims.

064. Are we still able to process retrospective billing in PBRC-IE?

Answer

Yes, as long as it fits within guidelines, for most billing we have 2 years in which to raise and claim services.  
There are changes coming from Services Australia that would make it so that Bulk Billing is a shorter timeframe.  
The system will be in line with those changes.

065. What will happen to all our access to patient notes, health fund portals and generic email boxes when we transition to HealthShare NSW?

Answer

Where staff continue to require access to systems and emails to perform their daily tasks and process, this will not change.  
  
We will look in the future at converting generic email addresses to a generic HSNSW one.  
  
As previously advised, staff will be performing the same role and responsibilities when they transition to HSNSW. As such, they will have access to the same data/systems as they do currently.

066. Will a new computer and different network set up when going to HSNSW or will everything remain the same as usual? Will Content Manager be used?

Answer

HSNSW will provide laptops and headsets to staff. Your access to health fund portals and forms will remain the same during the transition period.  
  
All relevant documents will be stored in line with HSNSW’s Privacy and Records Management Policy (PY2024-001).

067. At the time of transition, what happens if the employee is on leave. Will they receive training once they return? Will there be training before we transition or afterwards?

Answer

  The Program team will advise of the training schedule soon. Stay tuned for further information. If you are unable to attend the scheduled training, the team will work with you to arrange an alternative session and ensure you have access to all necessary training materials.

068. What happens with submitting to health fund portals using shared email addresses after transitioning to HealthShare? Will the shared email addresses be changed over before the transition?

Answer

Question continued: Do we need to inform the health funds about these changes?  What is the plan for change management regarding this? Will we be using VPN for remote access after the transition? Will we still have access to shared drives and health fund portals set up in shared mailboxes?  
  
This will be covered as a part of the due diligence process and will be addressed on an LHD-by-LHD basis, as there is no one-size fits all solution. This will be a discussion with each LHD on what they are receptive to retaining staff access to. The Program will look to rationalise all the different email inboxes part of this process. The goal will be to centralise and standardise the way we communicate and manage workflows.  
  
The notification to health funds and clinicians is currently being reviewed by the Ministry of Health Workplace Relations team.

069. Will there be transparency in the roles advertised in the Program?

Answer

There are two areas where roles will be advertised in the future, temporary appointments of temporary HM4 roles under the Statewide Patient Billing Manager, and those under Paperlite.  
  
Paperlite Implementation Support Officer (HM1) roles will be advertised following the pilot implementation. The Program will share in the Staff Townhall when these are advertised on the NSW Health job board.  
  
With respect to the temporary HM4 manager roles, this is still in consultation at the USCC meetings. As above, we will advise when these roles are advertised and how.

070. Can we please be advised which LHDs these HM4 roles (impacted by the transition) belong to?

Answer

Currently the team structures across the Patient Billing/Revenue teams are being assessed to identify potential roles that may be impacted. Once these are identified, and confirmed via discussions with the respective LHDs, further details will be shared (where appropriate).

071. While we move to the PBRC IE version, are we still with Westpac, or will we be moving to ANZ bank at the same time?

Answer

The bank account change from Westpac to ANZ will occur in line with the change to PBRC-IE. The Program is currently preparing communications to key stakeholders.

072. Can you please share the revised timeline for the PBRC-IE go-live? Are NSLHD and CCLHD still the pilot sites?

Answer

At the end of 2024, the implementation schedule for PBRC-IE was revised. To align with the SDPR’s timelines, HNELHD has been brought forward in the schedule. See Slide 11 in Staff Townhall #3 for the full schedule.  
  
The Program will share findings at ELT Info Sessions and Staff Townhalls following a lessons learnt review HNELHD.  As the go-live is planned for July 2025, findings will likely only be shared in August 2025.

073. Will current LHD HM4s be impacted by the HM4 roles the Program is looking to temporarily recruit?

Answer

The temporary HM4 positions currently under discussion at USCC meetings are part of the management structure supporting the Statewide Patient Billing Manager in establishing the patient billing team in HealthShare NSW. These positions will help manage staff workloads during the transition.  
  
Before advertising and temporarily appointing these roles, the Program must consult with the HSU to ensure these positions do not impact other roles and functions.

074. What roles are in-scope to be receiving PBRC-IE training?

Answer

The Training team is currently developing a comprehensive training plan. We will be collaborating with each Health Entity to deliver accessible and customer centric learning solutions that ensure all staff required to use PBRC-IE will be prepared from day one.  
  
This will include dedicated learning pathways for roles within Health Entities, such as those involved with cashiering, administration, patient liaison, and billing liaison function.   
  
Training will also be provided for those involved with invoicing, receipting, collections, and specific pathways for senior and team leader roles.

075. Has the scope of the Billing Liaison Officer role been determined?

Answer

The Billing Liaison Officer function has been discussed at length at the Revenue Advisory Group (RAG) meetings. It has been agreed that LHD/SHNs would be able to maintain flexibility with this role. A task list has been endorsed by the RAG and will be shared with Directors of People and Culture and Directors of Finance.

076. Will HSNSW have access to the LHDs electronic medical records?

Answer

Yes, HSNSW will have access to LHD/SHNs  electronic medical records (EMR). However, it is likely that the billing liaison function in the LHD/SHN will assume responsibility for obtaining the necessary information to support additional information requested by Health funds such as medical record data in PowerChart or the EMR and sharing this with the HSNSW team.  
  
Once staff transition to HSNSW, they will only have view-only access and will not be able to amend any information in the systems. Further discussions are needed to clarify these processes and responsibilities.

077. How long will we still have access to our Westpac accounts after we transition to PBRC-IE and ANZ bank?

Answer

Payment plans using ANZ are currently being set up with three methods – direct debit, card recurring payments and PayTo. These will be available upon transition of payment receipts to ANZ.  
  
We need to review the number and amount of Payment Plans in place. There is a difference in a Payment plan where the payer initiates payment each time, and ones where we pull funds from their account or credit card.  
  
There will have to be a closure of bank accounts at a point in time which may result in some payers no longer honouring plans in place now.  
  
Where there is a domestic direct debit arrangement with bank to bank payments, these can be moved to a different bank account at our end, but this is only able to be used where the Health entity has current registration through the Australian banking system via Westpac to pull payments from a payer’s bank account. If they are payer initiated, this is not the case.

078. How will the aged debtors be managed?

Answer

There is a current activity underway with Revenue NSW to test their ability to deal with Patient Billing scenarios for aged debt recovery.  
Sites across the state use different aged debt collection providers. There is complexity with domestic vs international collections.  
There does need to be a whole of Health approach to this, and that will also allow review of debt for payers who have accounts owing from multiple Health entities.  
We are looking for local Health entities to assess and write off uncollectable debt prior to transition to the new system as bringing over invoices where there will never be collection is a data migration issue as well.

079. Has there been any discussion on managing and impacting billing payments for residential aged care accounts handled through Centrepay?

Answer

The solution uses ARM accounts to direct payments through and correctly record them as received. This is without PBRC though, so review of how this is currently managed via PBRC is required where payment comes from Centrelink.

080. Do we have the roles and responsibilities for staff being retained by the LHDs and for the staff transition to HSNSW?

Answer

The delivery model of LHD/SHN and HealthShare responsibility has been defined which provide clarity on the roles and responsibilities of each organisation.  
  
As there are variations for each LHD/SHN, further considerations are required on how the delivery model need to be adjusted for each LHD/SHN. This will be addressed through the due diligence process with each LHD/SHN, in the lead-up prior to the transition of service to HSNSW.

081. Will PBRC-IE system manuals or procedural guides be available?

Answer

Yes, the Training team are currently developing knowledge articles, eLearning modules, and videos which will be shared closer to the first go-live in July 2025.  
  
Each of these materials will identify the audience they have been created for, to help you navigate the resources quickly and easily.  Once they are published, you will be able to access everything from one place - the Patient Billing Training Hub.

082. Have health funds and Medicare signed off on electronic signatures?

Answer

Discussions with the major private health funds, industry bodies, and Services Australia have been positive. There is strong support for digitising forms to reduce reliance on paper. A formal letter summarising these discussions will be sent soon.

083. Will the Revenue Portal be able to interface with PRODA to verify Medicare numbers?

Answer

The Revenue Portal does not directly communicate with PRODA for Medicare number verification. However, it does include a check digit feature to ensure that the Medicare numbers are in a valid format. If there are any issues with the Medicare numbers, the Revenue Portal will display the same invalid Medicare issues that would typically appear.

084. Does the Revenue Portal synchronise updates back to eMR, including changes to Medicare card numbers or GP details?

Answer

No, it does not. There is a section at the end of the form with a list of reminders to update PAS once you are back at your desk, similar to how you would update PAS if you made any notes or changes on a paper form.

085. What lead time is required to obtain re-signed forms for changes to bank account details and Minor IDs? Who will manage the process for the forms that require re-signing?

Answer

Who will manage the process for re-signing the required forms for Level 2-5 Specialists with respect to bank account details and Minor IDs?  
  
The Program will lead this piece with Providers and will be responsible for obtaining the signed forms and submitting them to Services Australia.  
  
Correspondence was sent to all Directors of Finance and Directors of People and Culture regarding the Program’s engagement plan on Thursday, 27 February 2025. Engagement with LHD/SHN medical practitioners will be coordinated with the PBRC-IE schedule and will be implemented in stages.  
  
The Program will reach out to Single Points of Contacts to assist with verifying data extracts throughout 2025 and 2026.

086. Can the system identify if Medicare forms are needed for private patients? Are these forms required to be completed in paper format?

Answer

Medicare forms are mandatory for both private patients upon admission. If you are not currently signing inpatient election forms for your patients, this requirement will remain unchanged.

087. Will Paperlite capture the notification letter and signature for patients changing to NHT?

Answer

We are looking to provide this through PBRC-IE.

088. Is Medicare's approval for electronic signatures limited to this rollout, or is it broadly accepted?

Answer

Services Australia (Medicare) has agreed with NSW Health to accept digital signatures specifically for the forms that Providers will be signing, which pertain to updating bank accounts and Minor IDs for online claiming forms.

089. Will invoices include billing information?

Answer

Yes, invoices will include all current billing information supplied.

090. Can the new billing system email invoices and receipts directly to debtors?

Answer

Yes, there is an option to directly email invoices and receipts to debtors from PBRC-IE. We can look to include this as part of training that is provided to users.

091. What is the process for ineligible patients who exceed the limit of four outpatient ED services, such as consultations, ECGs, pathology, imaging, etc.?

Answer

Any additional services will need to be applied in PBRC-IE for any new occasions of service. Further discussion to be had at the Revenue Advisory Group.

092. What is the process for prepayment? Is it still manually receipted?

Answer

The prepayment will be processed through the portal and into PBRC-IE. The prepayment will remain there until an invoice is created. If the invoice is not automatically allocated, it will appear as a worklist item. At that point, it will be someone's task to verify if the invoice matches the prepayment and then allocate it accordingly.

093. How will delays with Medicare and Services Australia's current workload impact the rollout timeline?

Answer

The Program has been collaborating with Services Australia to develop a solution for this issue. Part of the solution involves Services Australia uploading the necessary details, including the Minor ID and other relevant information, into their system's backend.  
  
We are confident that this process will work effectively with Services Australia, as well as with LHD/SHNs and HealthShare. While new forms will be required, and signatures on those forms are still necessary, Services Australia has agreed to a process with the state to implement these changes.  
  
The Program has dedicated resources to assist LHD/SHNs in contacting clinicians and ensuring the forms are completed. The Program sent a letter on Thursday, 27 February 2025 to Directors of Finance outlining the engagement plan to ensure we can obtain completed forms from clinicians in a timely manner.

094. If a claim is rejected because the patient was not the power of attorney, can the signing process clearly identify if a family member or Power of Attorney (POA) signed on behalf of the patient?

Answer

Yes, there is a way to address this. For our minimum viable product being launched at pilot sites, this will be a manual process. You will be able to manually override the patient name with that of a legal guardian or parent, for example. Our legal team advises that it is also a good idea to capture in the notes section why the patient was unable to sign.

095. Can a sample of the final document be displayed (Paperlite)?

Answer

A sample will be made available here.  
https://nswhealth.sharepoint.com/sites/MOH-SRH/SitePages/Paperlite-Admissions.aspx

096. Will Paperlite capture the notification letter and signature for patients changing to nursing home type?

Answer

In the first release, it won't be a digital form. However, you will be able to use the attachments option to upload a scan or photograph of the signed form.

097. When will the invoices be updated with the billing information?

Answer

When a new invoice is created, it will be available in the portal for payment within approximately 15 minutes. The data is also sent back to PBRC-IE on a similar schedule, typically by the next day.  
  
The billing information will appear in PBRC-IE once we receive the bank receipt file. To avoid debt recovery on recently paid invoices, we have set a delay of about 3 to 4 days to account for weekends. The bank file is received on Fridays, and the next update occurs on Mondays.

098. Will the emergency department process change, considering we currently collect cash from overseas and ineligible patients at the time of service and issue receipts?

Answer

No, the process will not change. When an emergency episode is recorded in the FirstNet system, it will automatically create an invoice based on the occasion of service. This allows the patient to pay the invoice immediately.  
  
Currently, the revenue overview recommends creating four invoices, and the system will follow this guideline.  
  
If you have further questions or concerns, please bring them up with the Ministry revenue team, as we are guided by their revenue overview in building the system.

099. For Medicare ineligible maternity patients, will the $1,500 prepayment be automatically allocated to outpatient invoices, or will it remain until the accommodation invoice is raised to cover the health fund gap?

Answer

The prepayment will have a WLI applied when an invoice is created and the user will need to investigate if the invoice is for the prepayment.

100. Will HSNSW be providing additional monitors and equipment for employees working from home?

Answer

HSNSW will provide all staff who are transitioning over a laptop and headset. Any additional equipment, such as monitors, will need to be provided by the staff themselves.

101. Is it necessary to provide a reason for a patient's inability to sign when there is a guardianship or POA in place?

Answer

If the signer is a documented Legal Guardian or Parent, providing a reason for the patient's inability to sign is not required. However, this isn't always the case. In situations where the legal status is unclear, it is advisable to capture the reason in the notes section, as per legal guidance.

102. Who will be responsible for the simplified billing audit once LHD Revenue transitions to HSNSW, and who will assume responsibility after IE is implemented?

Answer

Note that revenue still belongs to the LHD. HealthShare move the funds to the CTF or GF depending on the revenue/accounting. Processes used will be fully documented and reconciled.

103. Is there any update on the Debt Collection process?

Answer

Debt collection will transition to HealthShare NSW (HSNSW), similar to other processes.  
  
The Ministry of Health and HSNSW are exploring viable options for external debt collection agencies.  
  
We are looking to pilot some patient billing debt collection with Revenue NSW – particularly ineligibles. This will allow us to assess their capability.  
  
From the Ministry’s perspective, we are aware that there have been delays with the piloting, partly due to the current activities around the Program. The Ministry remains in touch with Revenue NSW and are currently sorting out the legal contract side in order to proceed with a pilot.

104. Does HealthShare still have office presence in Parramatta?

Answer

No, all staff that were previously located at the Parramatta office are now based at 1 Reserve Road.

105. Will current casual AO4s at HealthShare have an advantage over AO4s transitioning from the Local Health Districts?

Answer

No, we will conduct a competitive merit- based process and consider our advertising method to ensure the fairest approach, taking into account impacted staff.

106. Will admin staff need to reapply for their positions when the realignment occurs in June 2026?

Answer

As we are unable to confirm the final structure proposal at this stage, what steps will be taken (including if staff need to submit an application) is also unable to be determined yet.  
  
Once we have a clearer understanding of the new structure and staffing establishment, we will notify all staff regarding the next steps.

107. What locations are available for staff who transition to HealthShare NSW?

Answer

There are two main HNSW office locations, 1 Reserve Road, St Leonards and Charlestown. Further information will be provided on locations at the next Staff Townhall.

108. How will excess staff be managed post the realignment?

Answer

Excess staff will be managed as per PD2012\_021 Managing Excess Staff of the NSW Health Service.  
  
Once we have a clear understanding of the new structure and staffing establishment, we will notify all staff regarding the next steps.  
  
In the meantime, if you have any questions about the policy or the options it presents, please feel free to reach out to MOH-PatientBillingStandardisationProgram@health.nsw.gov.au.

109. Will staff transitioning to HealthShare be able to retain their existing flexible work agreements?

Answer

HSNSW, Ministry of Health and SWSLHD have partnered to complete a pilot of Debt Collection with Revenue NSW. This pilot is yet to commence. There has been no decision made if Debt Collection will be given to Revenue NSW in the medium to long term until the pilot has commenced and then reviewed. Therefore, all debt collection staff will transition to HSNSW.

110. Has consideration been given to retain the experienced LHD debt collection staff within NSW Health before outsourcing to an external provider?

Answer

HealthShare, Ministry of Health and SWSLHD have partnered to complete a pilot of Debt Collection with Revenue NSW. This pilot is yet to commence. There has been no decision made if Debt Collection will be given to Revenue NSW in the medium to long term until the pilot has commenced and then reviewed. Therefore, all debt collection staff will transition to HealthShare.

111. Will the debt move with the staff, or will it remain the responsibility of LHD/SHNs? What are the charges associated with this, and is there any per-invoice charge?

Answer

HSNSW will work with LHD/SHNs regarding the debt. The staff moving to HealthShare will continue to manage the debt collection. As for the charges, we have discussed that it will not cost the LHDs more than it currently does. It will take some time before we transition to activity-based charging.

112. Do staff need to submit applications before 2026?

Answer

As we are unable to confirm the final structure proposal at this stage, what steps will be taken (including if staff need to submit an application) is also unable to be determined yet.  
Once we have a clearer understanding of the new structure and staffing establishment, we will notify all staff regarding the next steps as in line with PD2012\_021 Managing Excess Staff of the NSW Health Service.

113. What feedback has been provided so far from NSLHD’s pilot rollout from either staff or patients?

Answer

Given the system is in Pilot it does require more development. There are challenges such as connectivity issues as well as workarounds however these are being addressed as part of the Pilot.  
  
Feedback from NSLHD’s pilot rollout at Ryde Hospital and Royal North Shore Hospital has generally been positive.  
  
From a staff perspective, feedback has varied depending on individual confidence in using an iPad. Largely, staff have quickly adapted to using Paperlite on an iPad due to its guided questionnaire format, which simplifies the process by asking step-by-step questions, such as “Do you have Medicare?” followed by the next relevant question.  
  
From a patient perspective, the team received positive feedback from an elderly patient who struggles to hold and sign with a pen. They appreciated the improved experience and found it easy to sign using just their finger.

114. Will approved leave requests including long service be honoured by HealthShare NSW following the transition?

Answer

Yes, any leave that was approved prior to the transition will be honoured by HealthShare NSW (HSNSW).  
  
Please note that if a new leave request is submitted for a period after the LHD/SHN staff transition date, it will need to be discussed/approved between the Statewide Patient Billing Manager and the respective LHD/SHN Manager.

115. Can staff outside the metro area continue working from their existing LHD facility?

Answer

This will be considered on a case-by-case basis.  
Shared Services have been negotiating with respective LHDs on desk space and access options. Currently 2 x sites are still pending discussion/agreement. We hope to have more information available after our next meeting.

116. Does HealthShare NSW have a Christmas shutdown period for the Revenue team?

Answer

Yes, HSNSW does have a 2-week low activity period over the Christmas and New Year Period; and staff are encouraged to take leave where possible.  
  
However, it should be noted that there will still need to be minimal coverage during this time to support the statewide service.

117. Can a patient's financial hardship application and payment plan be uploaded to the Revenue Portal under the same patient record?

Answer

No, it would not be appropriate to upload a financial hardship application and payment plan to the Revenue Portal, . especially if it contains credit card numbers. This practice is not PCI compliant.

119. Regarding Paperlite, will there be the capability to upload patient visas (for ineligible claims), letters of guarantee from insurers, and correspondence from insurers/solicitors for compensable files?

Answer

Yes, Paperlite will have functionality to load documents related to the Medicare Ineligibles insurance details.

120. Can staff work from home if LHD facilities can’t accommodate onsite desks?

Answer

A hybrid working arrangement will be considered for feasibility and will be discussed on a case-by-case basis.  
  
As presented in the Staff Townhall on 3 April 2025, staff from NBMLHD will be required to work from 1 Reserve Road at least once a week. This hybrid arrangement may also involve working from a NBMLHD site depending on the nature of your role, for example, if you need access to physical paperwork.  
  
The Program is consulting with LHDs that have restrictions on desk availability such NBMLHD.  
  
It's important to note that discussions with the HSU regarding the definition of reasonable travel are still ongoing, and current arrangements remain proposals at this stage. Further updates will be provided as these details are confirmed.

121. Is UAT on schedule?

Answer

Yes, at this point time (17 April 2025), UAT is on schedule. The Program team aims to provide further information to UAT participants next month.

122. Can you provide more information about the audit process, including who will be responsible for providing the auditors with all the necessary information?

Answer

HSNSW are currently working on this and will aim to provide further information at the next Staff Townhall in May 2025.

123. When will LHD/SHNs be invited to participate in UAT?

Answer

The Program team is currently in the pre-UAT phase, with UAT expected to occur in June 2025.  
  
UAT nominees will engage in a range of activities, including:  
• Reviewing tests scripts  
• Creating additional test scripts (optional)  
• Training in UAT tools, process, acceptance criteria and defect management  
• Execution of UAT documentation, collection, and supply of test evidence  
• Participating in regular collaboration meetings  
  
The Program team aims to provide further information to UAT participants next month.