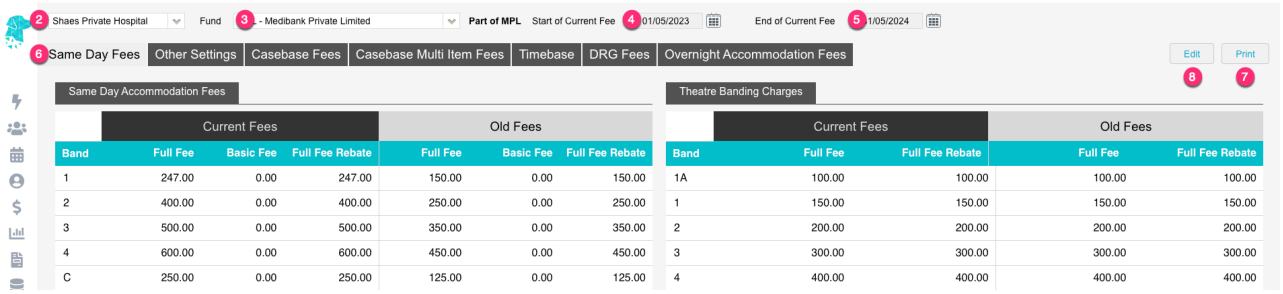
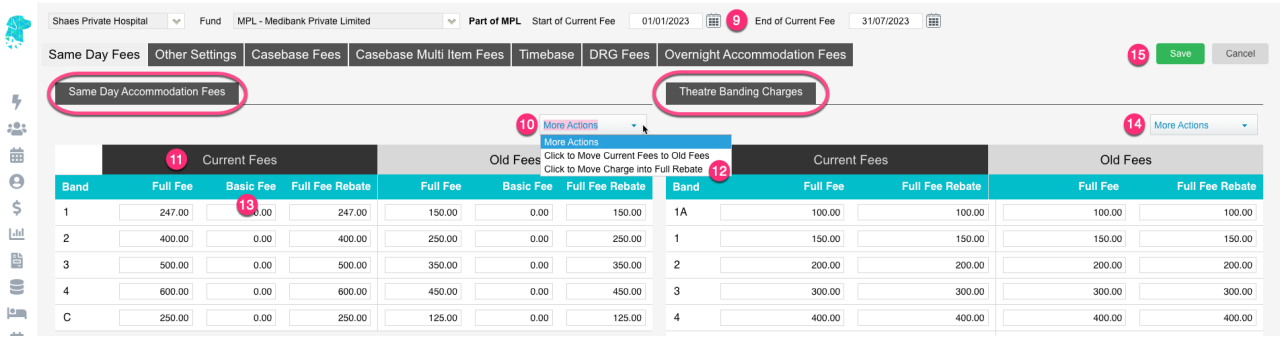
# Hospital Health Fund Fees – Same Day Fees Set Up

**When new contracts are negotiated with health funds, amended fees need to be loaded into FYDO to facilitate a seamless IFC & Billing process.**

1. Fees can be entered in **Settings > Hospital > Fees Setup**




2. For multi location databases, ensure the correct **Location** is selected
3. Use the **Fund** drop down to select the required health fund
4. The **Start of Current Fee** date indicates the date that the **Current Fees** will be utilised from. Any episode from before the start date will utilise the **Old Fees**
5. The **End of Current Fee** date indicates the date that the **Current Fees** will expire. Users will still be able to create IFC's for admissions after the End of Current Fee date. However, the system will prohibit billing for episodes that fall after this date. *(This date isn't mandatory. However, it is a good way to ensure accounts aren't accidentally billed at outdated prices)*
6. The **Same Day Fees** tab contains the **Same Day Accommodation Fees** and the **Theatre Banding Charges**
7. Users are also given the ability to **Print** the health fund fees, for the selected fund
8. To edit these fees, click the **Edit** button




9. Once in edit mode, you will be able to amend the **Start of Current Fee** & **End of Current Fee** dates to indicate when the new contract fees apply
10. Use the **More Actions** drop down to **Click to Move Current Fees to Old Fees** **before the new fees are entered**. This will replicate all the current accommodation fees into the **Old Fees** columns
11. Enter the new fees in the **Full Fee** column for the corresponding bands. *(C is for Type C procedures)*
12. Once all Full Fees are entered, use the **More Actions** dropdown, and select **Click to Move Charge into Full Rebate.** This will copy all fees from the **Full Fee** column over into the **Full Fee Rebate** *(Do not do this step for un-insured fees or for other 'funds' that don't attract a rebate)*
13. Depending on the contract agreement, facilities may need to add the **Full Fee** amount into the **Basic Fee** column. This can easily be done by using the **More Actions** drop down.

14. Repeat the same steps 10 > 12 for the **Theatre Banding Charges** on the right side of the screen
15. Click **Save**

For further information on how to set up fees, please visit our pages:

**Other Settings**
**Casebase Fees**
**Casebase Multi Fees**
**DRG Fees**
**Overnight Accommodation Fees**

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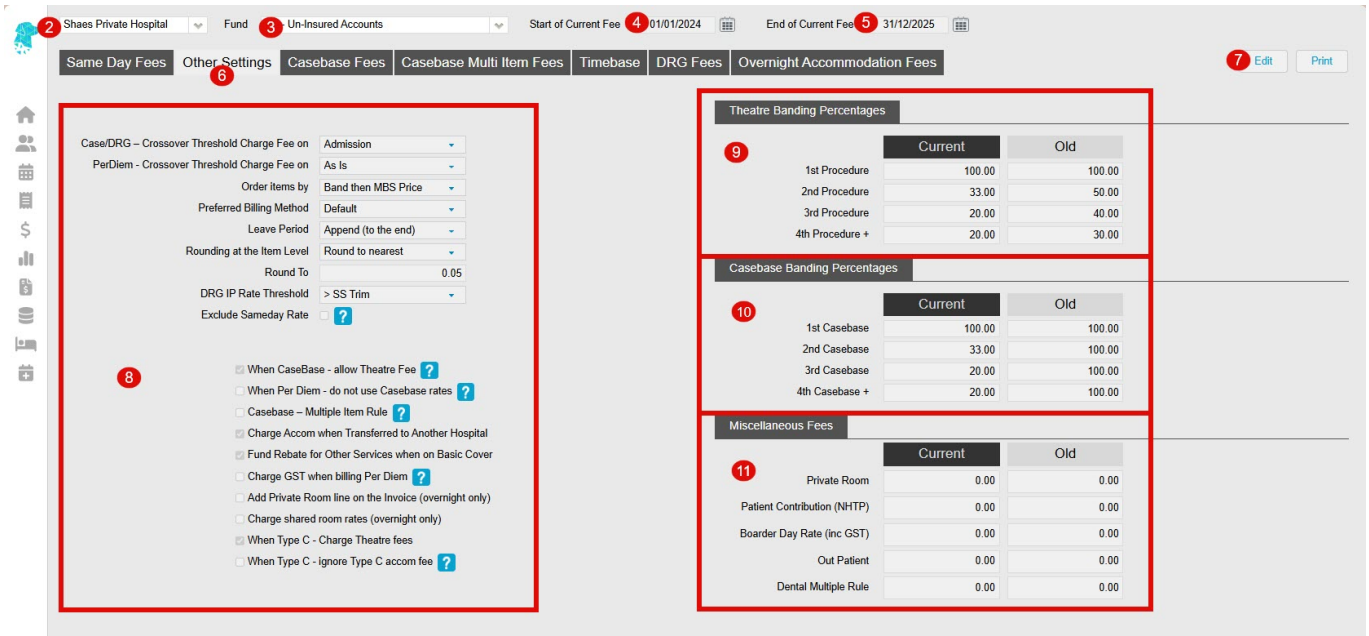
# Hospital Health Fund Fees – Other Settings

**When new contracts are negotiated with health funds, amended fees need to be loaded into FYDO to facilitate a seamless IFC & Billing process.**
**The Other Settings tab allows the entry of the Banding Percentages Breakdown, along with more specific information regarding health fund contracts.**
**For more information on adding Same Day Fees, please see our page**
**Hospital Health Fund – Same Day Fees Setup**




1. Fees can be entered in **Settings > Hospital > Fees Setup**
2. For multi-location databases, ensure the correct **Location** is selected
3. Use the **Fund** drop down to select the required health fund
4. The **Start of Current Fee** date indicates the date that the **Current Fees** will be utilised from. Any episode from before the start date will utilise the **Old Fees** *(See Same Day Fee Instructions to amend these dates)*
5. The **End of Current Fee** date indicates the date that the **Current Fees** will expire. Users will still be able to create IFC's for admissions after the End of Current Fee date. However, the system will prohibit billing for episodes that fall after this date. *(This date isn't mandatory.*

*However, it is a good way to ensure accounts aren't accidentally billed at outdated prices)*

6. Select the **Other Settings** tab
7. Click **Edit**
8. Enter all details relevant to the particular contract *(hover over the for further details & information pertaining to the relevant field)*
9. Enter the **Theatre Banding Percentages** to ensure the system calculates the percentage breakdown of the subsequent theatre items correctly. If there are old fees entered, ensure that the percentage breakdown is also entered in the **Old** column
10. Enter the **Casebase Banding Percentages** to ensure the system calculates the percentages breakdown for subsequent casebase items correctly. If there are old fees entered, ensure that the percentage breakdown is also entered in the **Old** column
11. Enter all **Miscellaneous Fees** relevant to the particular contract
12. Click **Save**

For further information on how to set up fees, please visit our pages:

**Casebase Fees**
**Casebase Multi Fees**
**DRG Fees**
**Overnight Accommodation Fees**

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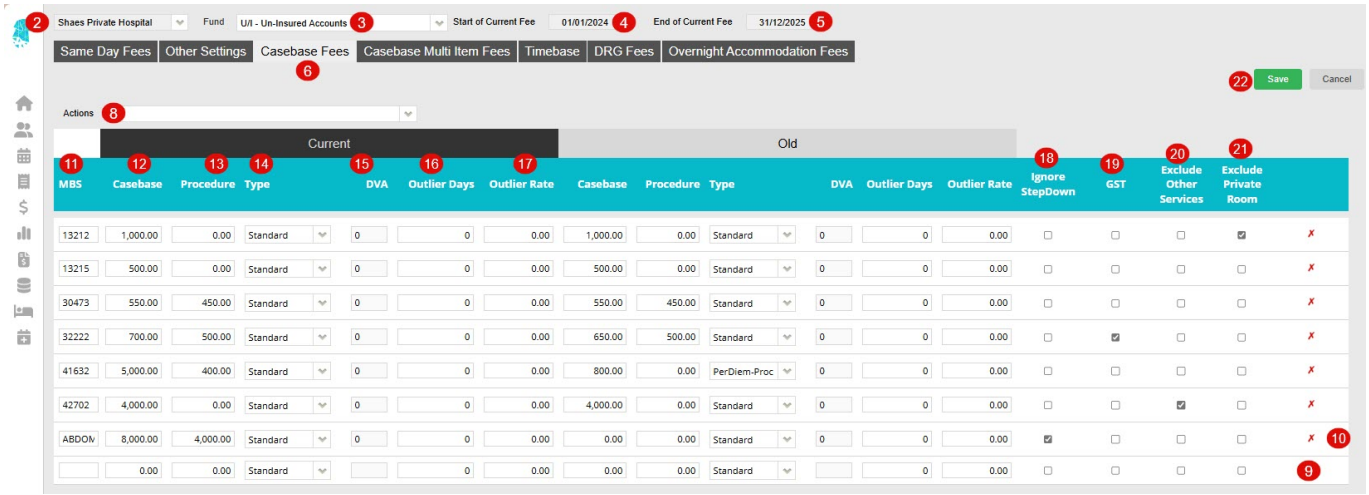
# Hospital Health Fund Fees – Casebase Fees

**When new contracts are negotiated with health funds, amended fees need to be loaded into FYDO to facilitate a seamless IFC & Billing process.**
**The Casebase Fees tab allows the entry of any contracted All Inclusive Procedure Fees.**
**For more information on adding Same Day Fees, please see our page**
**Hospital Health Fund Fees – Same Day Fee Set Up**

1. Fees can be entered in **Settings > Hospital > Fees Setup**



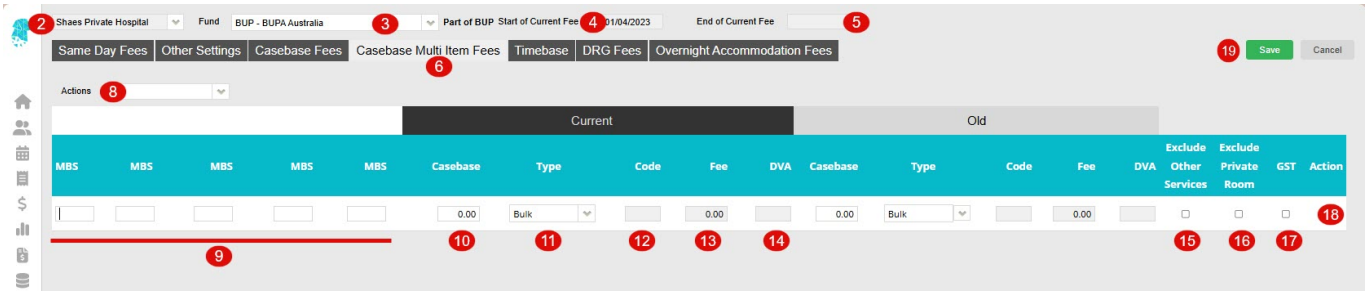
2. For multi-location databases, ensure the correct **Location** is selected
3. Use the **Fund** drop down to select the required health fund
4. The **Start of Current Fee** date indicates the date that the **Current Fees** will be utilised from. Any episode from before the start date will utilise the **Old Fees** *(See Same Day Fee Instructions to amend these dates)*
5. The **End of Current Fee** date indicates the date that the **Current Fees** will expire. Users will still be able to create IFC's for admissions after the End of Current Fee date. However, the system will prohibit billing for episodes that fall after this date. *(This date isn't mandatory. However, it is a good way to ensure accounts aren't accidentally billed at outdated prices)*
6. Select **Casebase Fees** tab
7. Click **Edit**
8. If entering an amended contract, use the **Actions** dropdown to select **Move to Old Charge** **before the new fees are entered.** This will replicate the Current fees across to the Old Fees columns
9. Use the bottom row to **add new items**
10. Use the ✗ to remove any items that are no longer required
11. Enter the item number in the **MBS** column
12. Enter the casebase fee, listed in the contract, in the **Casebase** column
13. If there is a procedure fee associated with the item number, it can be entered into the **Procedure** column
14. Select the relevant **Type** for the item being added.
*Standard will prompt FYDO to bill just the fee documented in the Casebase column & no accommodation fee will be added*
*PerDiem-Proc will add the relevant accommodation fee to the procedure fee*
*PerDiem-Case will add the relevant accommodation fee to the casebase fee*
15. The **DVA** column is where the DVA codes are added (e.g. the **"H"** codes etc.). NB. All DVA items, with an associated item number, will need to be entered with the item number in the MBS column & will need to be billed using the MBS item number. FYDO will then send the associated DVA code via ECLIPSE to ensure claims are transmitted successfully
16. Enter the outlier days, listed in the contract, in the **Outlier Days** column
17. Enter the outlier fee, listed in the contract, in the **Outlier Rate** column
18. Tick **Ignore Step down** if facilities wish to ensure certain fees are not subject to the usual percentage breakdown and are calculated at 100%, even when the item is performed as a secondary or subsequent procedure.
19. Tick the **GST** box if the fee that has been entered is **inclusive of GST**
20. Tick the **Exclude Other Services** box if the other services/prosthesis are unable to have a charge raised when billed with the item number. E.g., If a contract stipulates that any prosthesis used is included in the casebase fee. *NB for this function to work, each applicable prosthesis code will need the **Exclude fee when billing** tick box ticked.*
21. Tick **Exclude Private Room** if hospitals are unable to charge for a private room add-on for certain admissions, while still allowing the private room add-on charge to be applied to all other Case Base or DRG fees.
22. Once all details have been entered click **Save**

For further information on how to set up fees, please visit our pages:

**Other Settings**
**Casebase Multi Fees**
**DRG Fees**
**Overnight Accommodation Fees**

# Hospital Health Fund Fees – Casebase Multi Item Fees

**When new contracts are negotiated with health funds, amended fees need to be loaded into FYDO to facilitate a seamless IFC & Billing process.**
**The Casebase Multi Item Fees tab allows the entry of any contracted All Inclusive Package Fee for more than one item number. For example, a bundled fee for a colonoscopy & gastroscopy together.**
**For more information on adding Same Day Fees, please see our page**
**Hospital Health Fund Fees – Same Day Fees Set Up**




1. Fees can be entered in **Settings > Hospital > Fees Setup**
2. For multi location databases, ensure the correct **Location** is selected
3. Use the **Fund** drop down to select the required health fund
4. The **Start of Current Fee** date indicates the date that the **Current Fees** will be utilised from. Any episode from before the start date will utilise the **Old Fees** *(See Same Day Fee Instructions to amend these dates)*
5. The **End of Current Fee** date indicates the date that the **Current Fees** will expire. Users will still be able to create IFC's for admissions after the End of Current Fee date. However, the system will prohibit billing for episodes that fall after this date. *(This date isn't mandatory. However, it is a good way to ensure accounts aren't accidentally billed at outdated prices)*
6. Select the **Casebase Multi Item Fees** tab
7. Click **Edit**
8. If entering amended prices, use the **Actions** dropdown to select **Move to Old Charge,** so that the fees listed in the current contracted fees can be moved into the **Old** fees fields, before they are updated
9. Enter the item numbers that coincide with the case base fee in the **MBS** columns
10. Enter the casebase fee amount in the **Casebase** column
11. Leave the **Type** as **Bulk**, unless there is a specific fund code that needs to be entered for those items. E.g., NIB codes COL1 or PKG38 etc., in which case, choose **Prefix** from the drop down
12. Selecting **Prefix** from the drop down will then allow the health fund specific code to be entered into the **Code** column *NB. Only codes that have previously been added to Settings > Items are able to be typed in this section & they may require Eclipse Mapping*
13. Selecting **AddOn** from the drop down will allow for a fee to be added to the **Fee** column. This would be used to add a surcharge fee when billing this combination of items to a health fund and would be outlined in the relevant health fund contract
14. The **DVA** column is used if there is a **"H" or other code** in the DVA contract that is relevant to the group of item numbers
15. Use the **Excl OS** column if the other services /prosthesis charges associated with the

procedure are unable to be raised in conjunctions with the case base fee. *NB for this function to work the **Exclude fee when billing** tick box will need to be ticked in each relevant prosthesis*

16. Tick the **Exclude Private Room** box if "**Add Private Room line on the Invoice (overnight only)**", in the **Other Settings** tab, is being utilised for the particular health fund contract. However, that **doesn't** apply to the particular item.
17. Use the **GST** tick box if the fee is **inclusive of GST**
18. Use the ✗ in the **Action** column to remove any lines that are no longer needed
19. Click **Save**

For further information on how to set up fees, please visit our pages:

**Other Settings**
**Casebase Fees**
**DRG Fees**
**Overnight Accommodation Fees**

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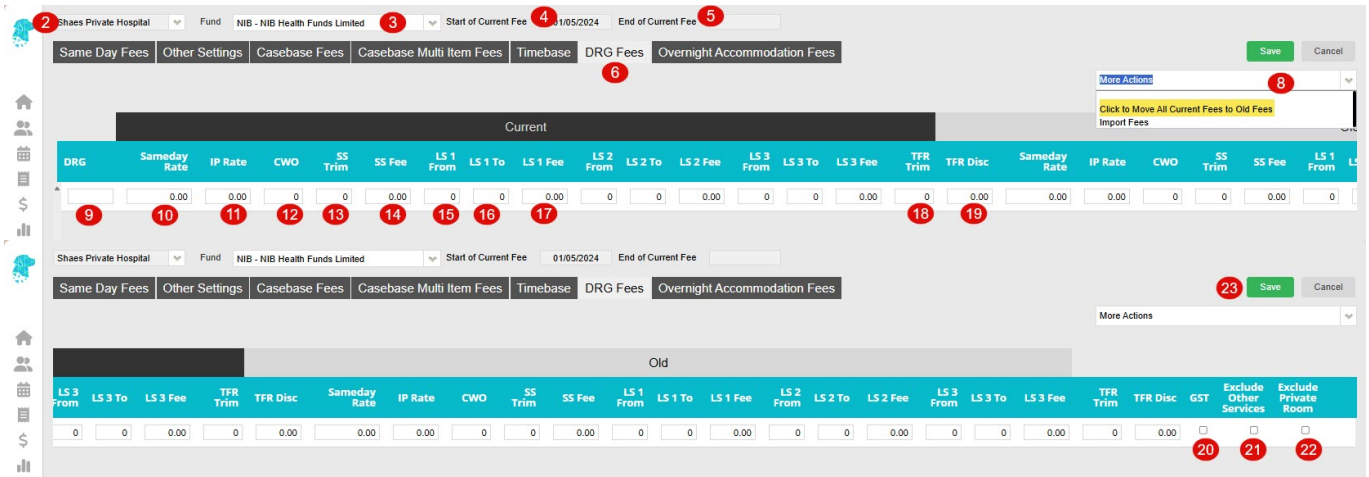
# Hospital Health Fund Fees – DRG Fees

**When new contracts are negotiated with health funds, amended fees need to be loaded into FYDO to facilitate a seamless IFC & Billing process.**
**The DRG Fees tab allows the entry of any contracted fees pertaining to DRGs.**
**For more information on adding Same Day Fees, please see our page**
**Hospital Health Fund Fees – Same Day Fees Set Up**

DRG Fees are also able to be imported into FYDO from an Excel file. Please see our instructional wiki page below to find out how to do this:
Hospital Health Fund Fees – Importing DRG Fees




1. Fees can be entered in **Settings > Hospital > Fees Setup**
2. For multi location databases, ensure the correct **Location** is selected
3. Use the **Fund** drop down to select the required health fund

4. The **Start of Current Fee** date indicates the date that the **Current Fees** will be utilised from. Any episode from before the start date will utilise the **Old Fees** *(See Same Day Fee Instructions to amend these dates)*
5. The **End of Current Fee** date indicates the date that the **Current Fees** will expire. Users will still be able to create IFC's for admissions after the End of Current Fee date. However, the system will prohibit billing for episodes that fall after this date. *(This date isn't mandatory. However, it is a good way to ensure accounts aren't accidentally billed at outdated prices)*
6. Select the **DRG Fees** tab
7. Search for the required DRG or to update all fees click **Edit**
8. If entering amended prices, use the **Click to Move Current Charge into Old Charge** option so that the fees listed in the current contracted fees can be moved into the **Old** fees fields
9. Locate the required DRG in the **DRG Column.** They will be listed in alphabetical order. If adding a new DRG, a new line becomes available below the table to add the next DRG.
10. Add the applicable Same Day fee into the **Same Day Rate** column
11. Add the applicable Inpatient fee into the **IP Rate** column
12. Add the CWO (Charge Weight of One) rate to **CWO** column
13. Add the Short Stay Trim into the **SS Trim** column
14. Add the applicable Short Stay Fee into the **SS Fee** column
15. Add the start of the long stay into the **LS1From** column
16. Add the end of the long stay into the **LS1To** column
17. Add the applicable Long Stay Fee into the **L1S Fee** column
18. Add the Transfer Trim into the **TFR Trim** column
19. Add the relevant Transfer Discount into the **TRF Disc** column
20. Tick the **GST** box (scroll right) if the fees are **inclusive of GST**
21. Tick the **Exclude Other Services** box if the other services/prosthesis are unable to have a charge raised when billed with the item number. E.g., If a contract stipulates that any prosthesis used is included in the casebase fee. *NB for this function to work, each applicable prosthesis code will need the **Exclude fee when billing** tick box ticked.*
22. Tick **Exclude Private Room** if hospitals are unable to charge for a private room add-on for certain admissions, while still allowing the private room add-on charge to be applied to all other Case Base or DRG fees.
23. Click **Save** once all fees are entered

For further information on how to set up fees, please visit our pages:

**Other Settings**
**Casebase Fees**
**Casebase Multi Fees**
**Overnight Accommodation Fees**

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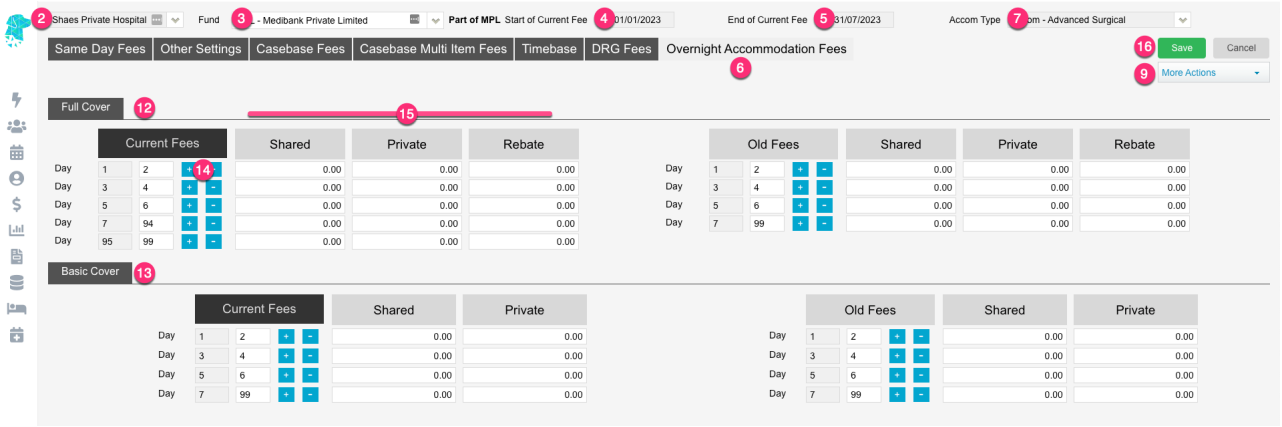
# Hospital Health Fund Fees – Overnight

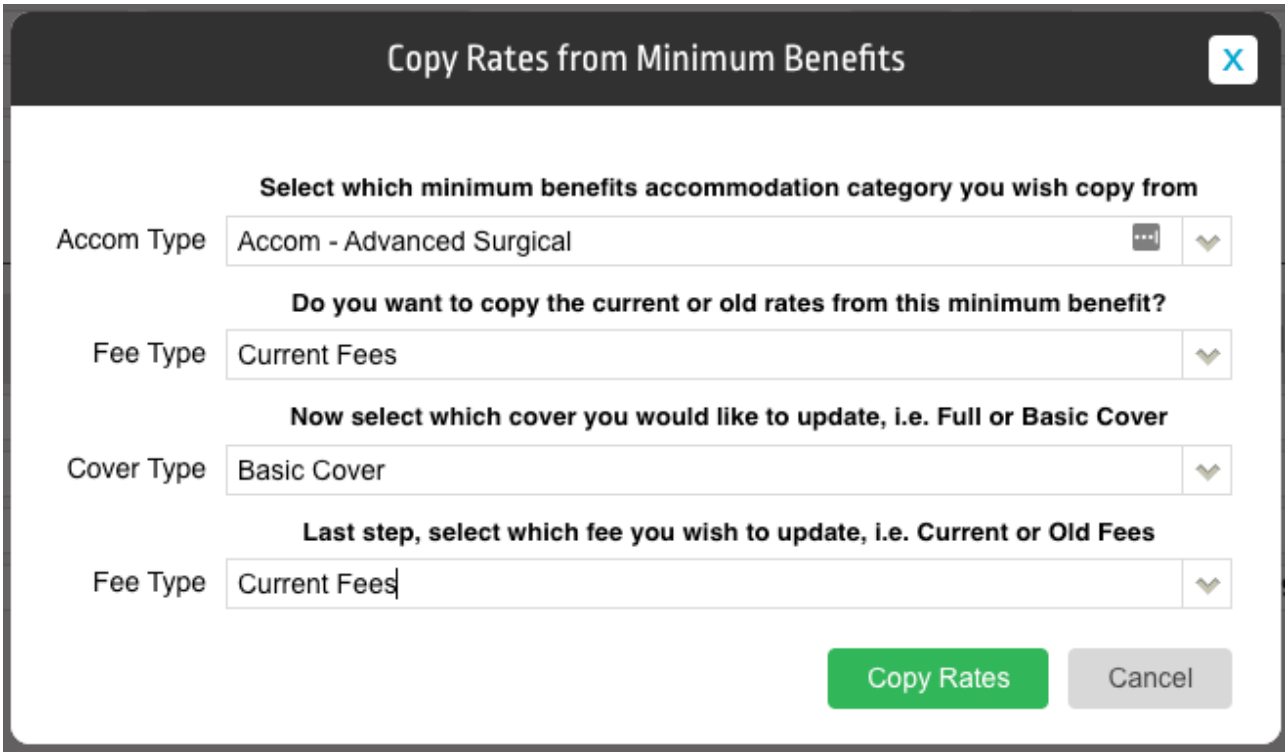
# Accommodation Fees

**When new contracts are negotiated with health funds, amended fees need to be loaded into FYDO to facilitate a seamless IFC & Billing process.**
**The Overnight Accommodation Fees tab allows the entry of any contracted fees.**
**For more information on adding Same Day Fees, please see our page**
**Hospital Health Fund Fees – Same Day Fees Set Up**

1. Fees can be entered in **Settings > Hospital > Fees Setup**




2. For multi-location databases, ensure the correct **Location** is selected
3. Use the **Fund** drop down to select the required health fund
4. The **Start of Current Fee** date indicates the date that the **Current Fees** will be utilised from. Any episode from before the start date will utilise the **Old Fees** *(See Same Day Fee Instructions to amend these dates)*
5. The **End of Current Fee** date indicates the date that the **Current Fees** will expire. Users will still be able to create IFC's for admissions after the End of Current Fee date. However, the system will prohibit billing for episodes that fall after this date. *(This date isn't mandatory. However, it is a good way to ensure accounts aren't accidentally billed at old prices)*
6. Select the **Overnight Accommodation Fees** tab
7. Select the required **Accommodation Type** from the drop down. *(Accommodation Categories can be added or amended in Settings > Accommodation Categories)*
8. Click **Edit**
9. If adding amended fees, use the **More Actions** dropdown to select **Click to move all Current Fees to Old Fees**
10. If the fees are required to mirror the Minimum Benefits fees *(Entered in Settings > Minimum Benefits)*, use the **More Actions** drop down & select **Copy Rates from Minimum Benefits**
11. A pop up will appear to give all required options regarding copying the Minimum Benefits Rates into the Health Fund Contract rates




12. **Full Cover** Fees can be added to the first section of the screen
13. **Basic Cover** Fees can be added to the second section of the screen
14. When entering fees, use the + - to adjust the Day that the fees apply to. This will automatically adjust the following line to continue on.
15. Add the relevant fees into the **Shared, Private & Rebate** columns
16. Click **Save**
17. The user is then able to select the next **Accom Type** that they require & follow the same process again

For further information on how to set up fees please visit our pages:

**Other Settings**
**Casebase Fees**
**Casebase Multi Fees**
**Hospital Health Fund Fees – DRG Fees**

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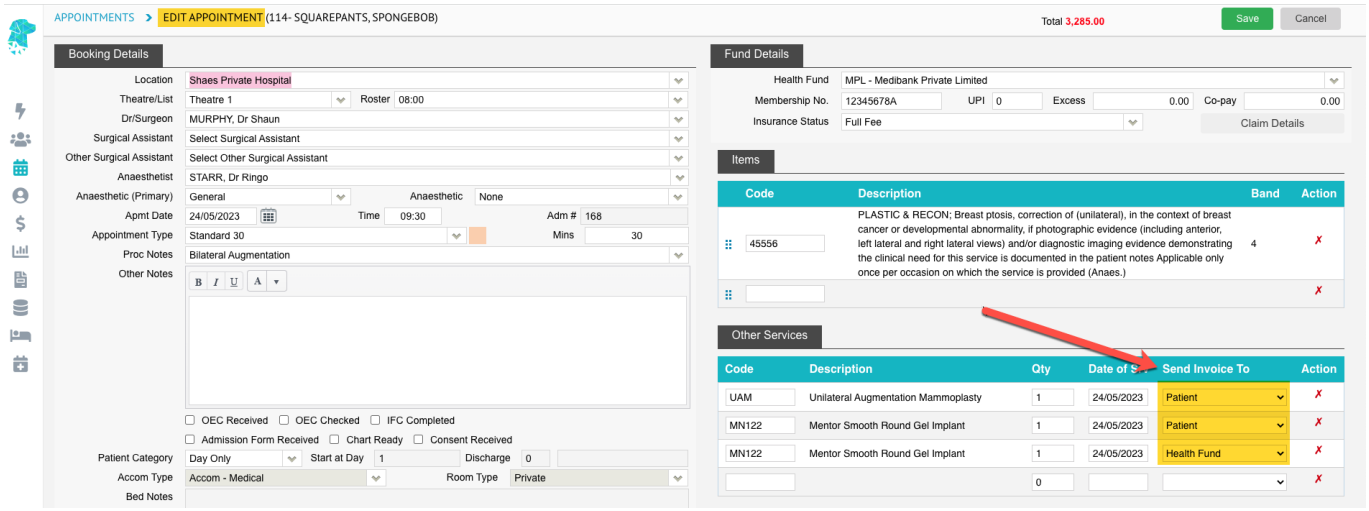
# IFC for an Episode that is partially covered by the Health Fund

**There will be some instances where insured patients need to pay for part of their procedure.**
**Maybe some of the procedures is classified as a cosmetic procedure, maybe they have restrictions on their level of cover & the hospital is able to raise a charge to the patient for those extra procedures.**
**Maybe the hospital is contracted for 2nd Tier rates and can charge a patient gap or they want to charge a credit card surcharge to the patient.**
**Whatever the case may be, FYDO accommodates this split method of billing the health fund AND the patient seamlessly.**

The first step in this process is to ensure the patient is entered with their Health Fund Details for the

episode. And then adding the items to the **Edit Appointment** Screen.

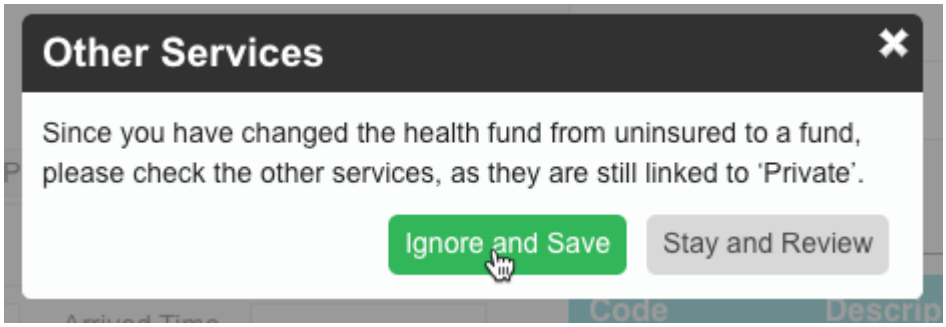
As seen below, FYDO gives the option to **Send Invoice To** the Health Fund or the Patient. This allows the user to select certain items that will be billed to the patient.



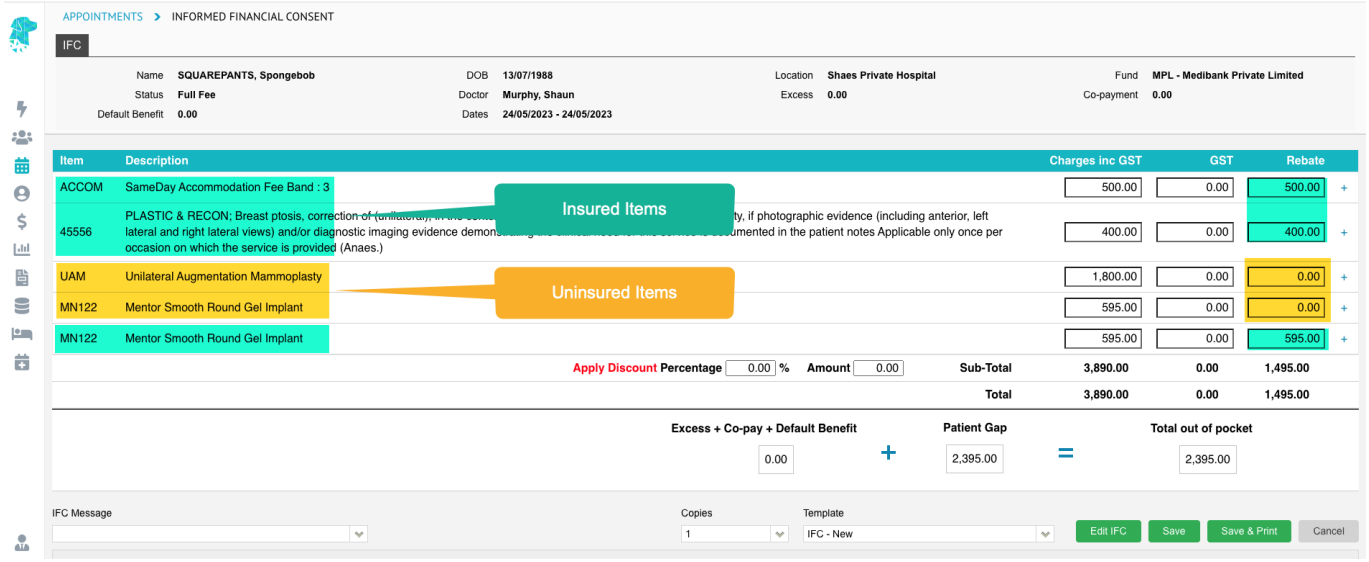

Each facility is able to add their own “codes” to the Other Services list in FYDO. This can be done by following the instructions for Adding Other Services Codes (Hospital) and then adding the corresponding fees by following the instructions for Adding Fees for Other Service Codes (Hospitals)

After all required information is entered, the user can click **Save**. They will then be prompted to review the information, as FYDO wants to be sure that the items are being bill correctly.

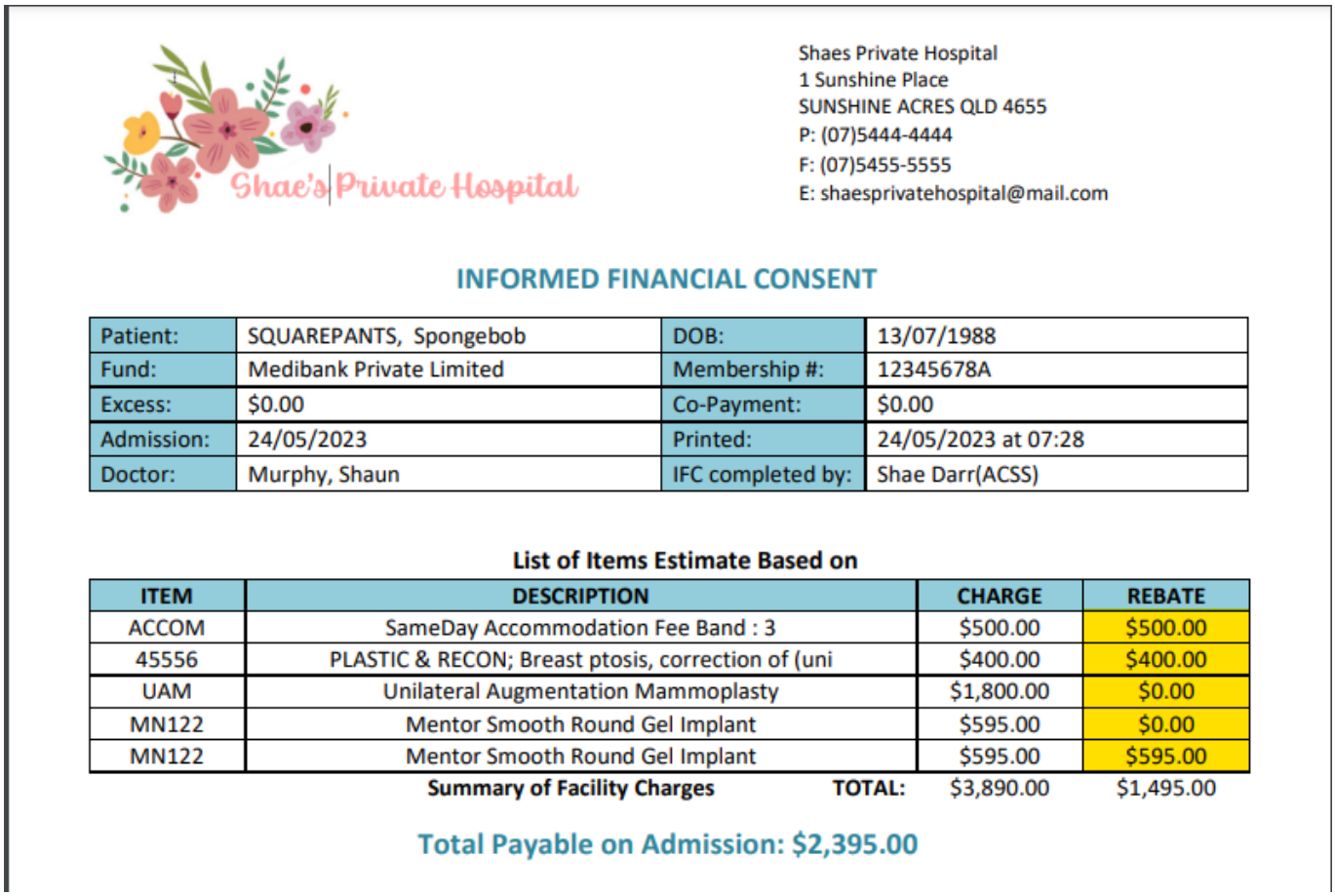
Therefore click **Ignore and Save**.




From here, the user is able to proceed to creating the **IFC**. This is where we will be able to see that the items being billed to the health fund **will** attract a rebate. And the items being billed to the patient **will not** attract a rebate.




Once the IFC is produced the patient will be able to clearly see which items attract a health fund rebate & which items do not.



Shae's Private Hospital

Shaes Private Hospital
1 Sunshine Place
SUNSHINE ACRES QLD 4655
P: (07)5444-4444
F: (07)5455-5555
E: shaesprivatehospital@mail.com

## INFORMED FINANCIAL CONSENT

| | | | |
|---|---|---|---|
| Patient: | SQUAREPANTS, Spongebob | DOB: | 13/07/1988 |
| Fund: | Medibank Private Limited | Membership #: | 12345678A |
| Excess: | $0.00 | Co-Payment: | $0.00 |
| Admission: | 24/05/2023 | Printed: | 24/05/2023 at 07:28 |
| Doctor: | Murphy, Shaun | IFC completed by: | Shae Darr(ACSS) |

**List of Items Estimate Based on**

| ITEM | DESCRIPTION | CHARGE | REBATE |
|---|---|---|---|
| ACCOM | SameDay Accommodation Fee Band : 3 | $500.00 | $500.00 |
| 45556 | PLASTIC & RECON; Breast ptosis, correction of (uni | $400.00 | $400.00 |
| UAM | Unilateral Augmentation Mammoplasty | $1,800.00 | $0.00 |
| MN122 | Mentor Smooth Round Gel Implant | $595.00 | $0.00 |
| MN122 | Mentor Smooth Round Gel Implant | $595.00 | $595.00 |
| | **Summary of Facility Charges** **TOTAL:** | $3,890.00 | $1,495.00 |

**Total Payable on Admission: $2,395.00**

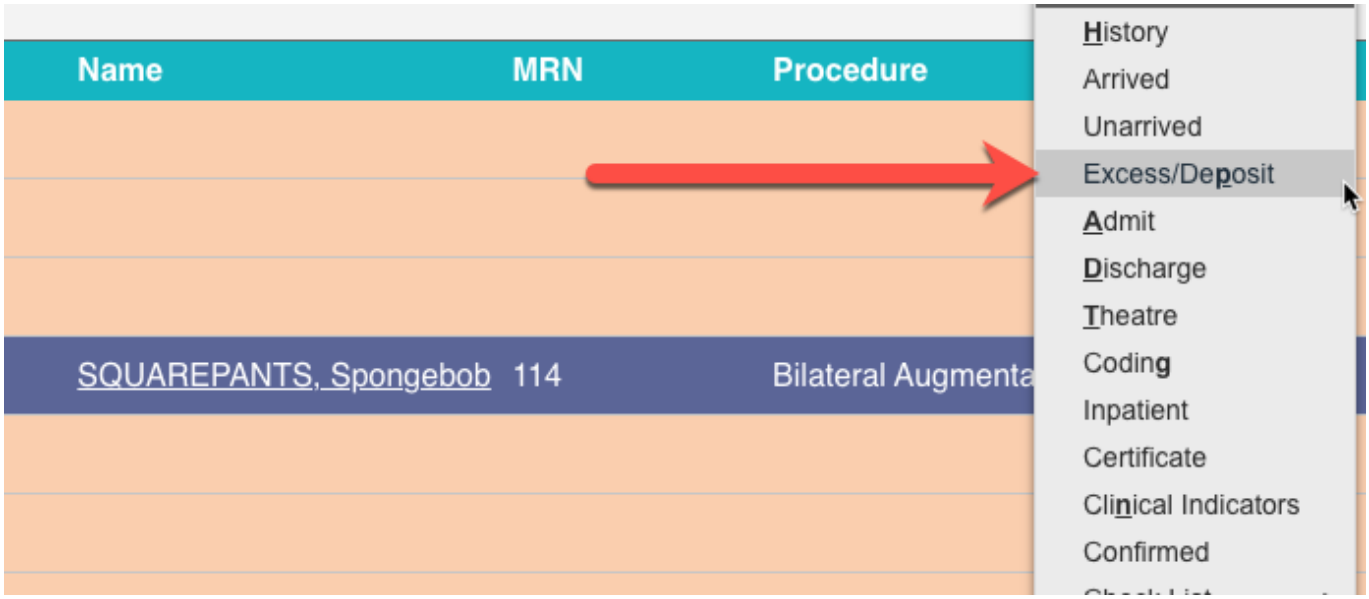
For information in receipting payments for these types of episodes visit these instructions for

# Receipting for an Episode that is partially covered by the Health Fund

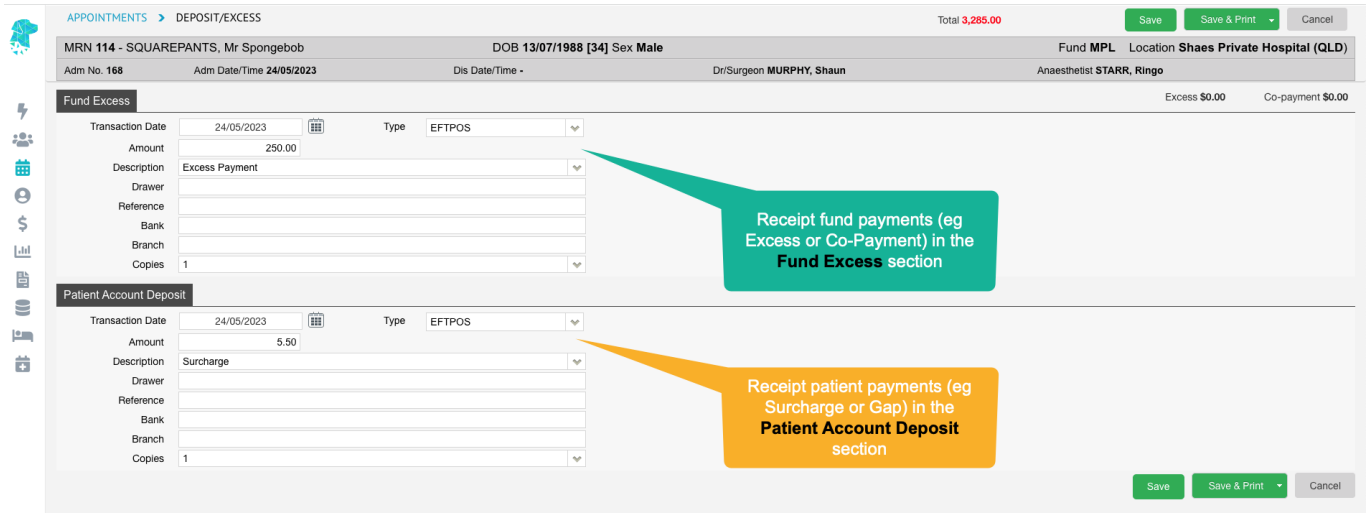
**There will be some instances where insured patients need to pay for part of their procedure.**
**Maybe some of the procedures is classified as a cosmetic procedure, maybe they have restrictions on their level of cover & the hospital is able to raise a charge to the patient for those extra procedures.**
**Maybe the hospital is contracted for 2nd Tier rates and can charge a patient gap or they want to charge a credit card surcharge to the patient.**
**Whatever the case may be, FYDO accommodates this split method of billing the health fund AND the patient seamlessly.**

To create an IFC for a patient whose admission is only partially covered by the health fund, see instructions on Creating an IFC for an Episode that is Partially Covered by the Health Fund

To receipt the patient for their Insured & Uninsured portions of their payment at the same time navigate to the appointments screen, right click on the episode & select **Excess/Deposit**.

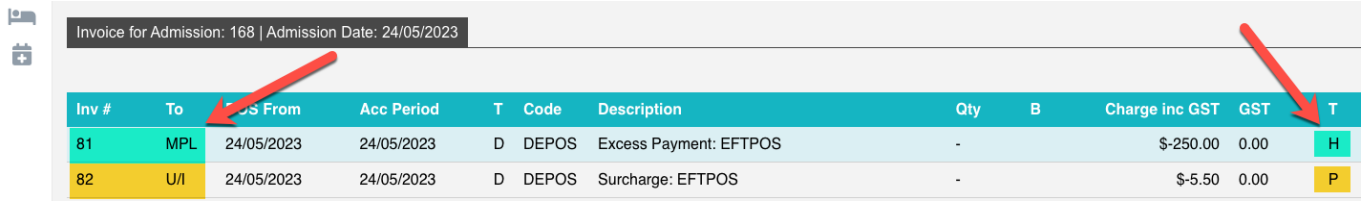



Then use the **Fund Excess** section to receipt the payment that is required to go towards the **Insured Fund Invoice** and use the **Patient Account Deposit** section to receipt the payment that is required to go towards the **Uninsured Patient Invoice**.



Click **Save & Print** to produce a copy of the receipts for the patient.

If you navigate to the **History/Episodes** screen you will be able to see that there has been an **Insured Invoice Number** raised, along with an **Uninsured Invoice Number** raise.

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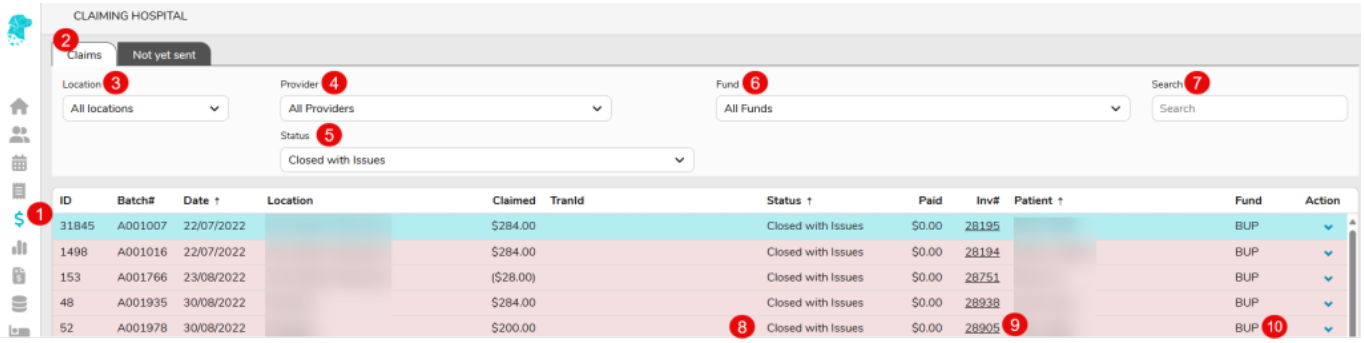
# Claiming Hospital – Claims

**Claiming Hospital is used to transmit the invoiced episodes to the health funds via ECLIPSE. It consists of 2 tabs, Claims & Not Yet Sent.**
**These instructions will cover the Claims Tab.**
**For information regarding the Not Yet Sent Tab see our instructions Claiming Hospital - Not Yet Sent**




1. The **Claiming Hospital** section can be opened by hovering over the $ and selecting **Claiming Hospital.**
2. This will open to display the **Claims** tab which is where all the claims that have been transmitted to the health fund are displayed. It will open to show all outstanding claims. Claims that fall under the category of **Receipted** or **Payment Received** are not displayed by default when the page is open. *(These categories will be touched on later in the instructions)*
3. For multi-location systems, use the **Location** dropdown to select the desired location
4. The **Provider** dropdown gives the option to select a certain doctor/surgeon
5. The **Status** dropdown allows the ability to display the claims according to their current status. *(This status refers to the ability of the claim to be sent to the health fund. It is not a response from the health fund. The responses will be covered in the instructions **Processing & Payment Reports**)*
   a. Open
   b. Closed
   c. Closed with Issues – There was a problem sending the claim
   d. Ready
   e. Queued – The claim is waiting to be sent to the fund
   f. Sent (white) – Has been sent to the fund less than 2 weeks ago or the fund has responded
   h. Sent (red) – Has been sent to the fund, but no response has been received for 2 weeks

i. Processed – The fund has processed the claim
j. Payment Received – The payment has been received
k. Receipted – The payment has been received & applied
l. Rejected – The claim hasn't been received/accepted by the fund

6. The **Fund** dropdown allows filtering to a particular health fund
7. The **Search** field gives the ability to search any information e.g., batch number, invoice number, patient name, amount claimed or paid etc
8. Hovering over the words **Closed with Issues** or **Rejected** will display a pop up that will give more information as to why the claim wasn't successfully transmitted
9. Clicking on the **Invoice Number** will open a new tab & display the health fund response, if it has been received, in the **Processing IHC** screen. Information on this tab will be covered in the **Processing & Payment Reports** instructions
10. The **blue arrow** on the right of the screen, & also the **Right Click** feature, gives the option to go to the patient **History** screen, if you need to view the episode details. The **Right Click** function also allows the user to **Remove Batch**. However, this would only be utilised if the health fund has confirmed that it didn't transmit successfully & they will not be making payment towards it. The batch is what allows the system to link this claim to the invoice number. Therefore, if a batch is removed prematurely, the associated invoice number will not display on the Electronic Remittance Advice when it is received from the fund. This makes it very difficult, & a lot more time consuming, to receipt a remittance so we do not advise to remove sent batches without liaising with the health fund first.
11. As mentioned earlier, the Claims screen displays all claims **Except Receipted & Payment Received** when opening. Therefore, as soon as a payment has been processed in the system the claim will disappear from this screen by default. This allows users to easily identify claims that are still outstanding. Claims with the status of Payment Received or Receipted can always be vied by using the **Status** dropdown mentioned in #5 above

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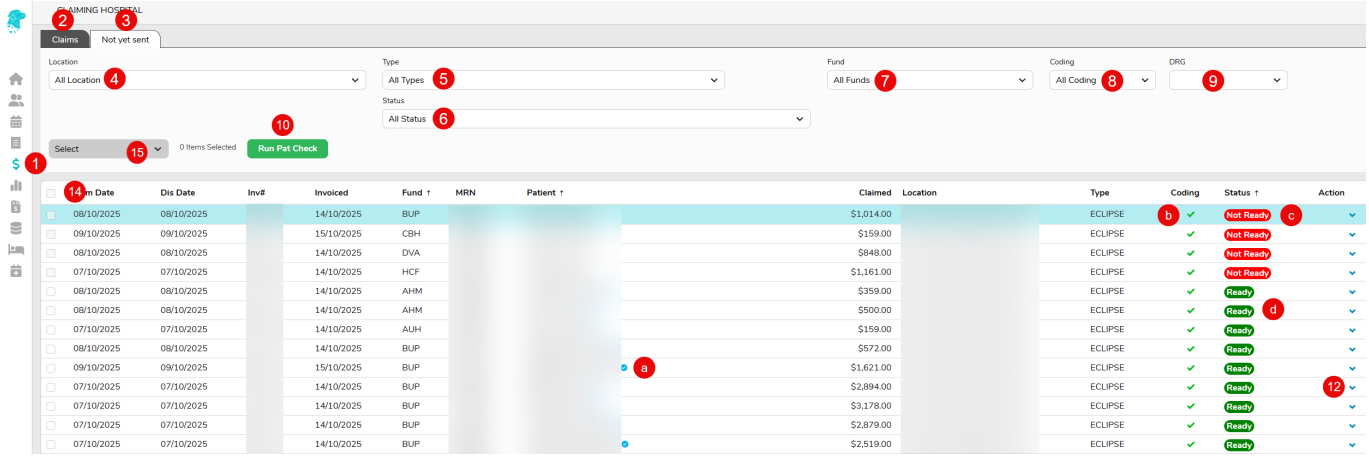
# Claiming Hospital – Not Yet Sent

**Claiming Hospital is used to transmit the invoiced episodes to the health funds via ECLIPSE. It consists of 2 tabs, Claims & Not Yet Sent.**
**These instructions will cover the Not Yet Sent Tab.**
**For information regarding the Claims Tab see our instructions on Claiming Hospital - Claims**



1. The **Claiming Hospital** section can be opened by hovering over the $ and selecting **Claiming Hospital**
2. This will open to display the **Claims** Tab. *(Click on this link to view the Claiming Hospital – Claims instructions)*
3. The **Not yet sent** tab displays all claims that have been invoiced & will include claims that can be sent via ECLIPSE & also Paperbase claims that need to be sent manually
4. For multi-location databases, use the **Location** dropdown to select the desired facility
5. Use the **Type** dropdown to select **Eclipse** or **Paperbase** claims
6. Use the **Status** dropdown to display, or omit, claims that are **Ready, Not Ready** or **On Hold**
7. Use the **Fund** dropdown to display, or omit, certain funds
8. Use the **Coding** dropdown to display, or omit, claims that are **Completed** or **Pending** coding
9. Use the **DRG** dropdown to show claims **with a DRG** or with an **Empty DRG.** Using the Empty DRG option will identify claims that still require to be grouped
10. Use the **Run Pat Check** button to run an **OPV Check** for all the patients on the list. This function will only work if the patients' Medicare card & health fund cards are entered correctly. Sometimes this may need to be run twice as the Medicare card might be updated the first time, therefore running it a second time will enable the system to check the fund details
11. For a claim to be ready to be sent it requires:
    a. A blue tick to confirm the **OPV** check has been successfully performed
    b. A green tick to confirm that the **coding** has been completed
    c. Not Ready If it is still showing as **Not Ready** it will need to be grouped, in the coding screen
    d. Ready Once it is showing as **Ready** it is able to be transmitted via eclipse
12. Use the **Blue** Arrow , or select the claim *(so that it is purple)* and **Right Click** to display a menu that allows you to navigate to: – The **Coding** Screen to check coding & grouper
    – The Patient **History** Screen to view the invoice details
    – The **Patient** Record Screen to complete the OPV check
    This feature assists in getting the claims ready to transmit via eclipse
13. When an ECLIPSE claim is ready to be sent another option will be available in the menu called **Send Invoice via ECLIPSE** which will then send the invoice to the fund
14. Once all claims are ready to be sent *(or filters have been applied to only show Ready ECLIPSE claims)* the select all function will be available to select & send multiple claims at once
15. After all desired claims have been selected, use the **Select** dropdown to **Send selected via ECLIPSE**
16. The claims will then be transmitted to the fund & will display on the **Claims** tab with their status. It is a great idea to check the Claims Tab straight away to make sure claims have been successfully transmitted
17. **Paperbase** claims will also appear on the **Not yet sent** Tab. This is to remind the user to send the claim away manually.
18. Paperbase claims will require the coding to be done & the episode to be grouped before it will show as **Ready**
19. Once it is ready, the blue arrow on the right, or the right-click function, will display the option to **Mark as Sent.** Using this function, only after the invoice has been manually sent, is a great way to ensure no claims are missed. Once the claim is marked as sent it will no longer display on the Not yet sent tab. There will also be an audit in the Patient Episode Screen to state who marked the claim as sent & when.