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

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.

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

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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.

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. If it is still showing as **Not Ready** it will need to be grouped, in the coding screen
    d. 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.

Adding Fees to Other Services Codes (Hospital)

These instructions will assist users in adding or amending the fees associated with Other Service Codes / Prosthesis Codes.
Prostheses list updates will be automatically loaded into FYDO and any new items will be added with all new fees will be imported. However descriptions will not be updated, as some facilities prefer their own descriptions & do not what them overridden.
After following the instructions for Adding Other Services Codes the user will be able to add the correlating fees by following the steps below.

1. Go to **Settings**
2. Scroll down to **Hospital > Fees Management** & select **Other Services**
3. Use the **Search** field to find the desired code / other service
4. Double click on the item to display the information that has been entered, along with the table to enter the **relevant fees**

5. If replacing fees that have already been entered, use the **Action** dropdown & select **Move all Current Fees to Old Fees.** This will copy the Current fees to the Old fees to allow the new fees to be entered, without losing the previous fee schedule or needing to type them in again
6. **If the cost of the item will be the same for each health fund**, enter the charge for the first fund under the **Charge inc GST** column
7. Then use the **Action** dropdown & select **Make the First Charge the same for the rest of the Funds.** This will replicate the fee added for the rest of the funds
8. Then use the **Action** dropdown & select **Move Current Charge into Current Rebate.** This will replicate all the Charge inc GST fees in the **Rebate** column. *You may then need to **remove** some of the fees listed in the Rebate column (or override them to $0) if the 'fund' doesn't attract a rebate (e.g., Uninsured)*
9. Use the **GST** tick box column if the fee entered is **inclusive of GST**
10. **If the cost of the item is for a particular 'fund'** (e.g., a gap fee for an uninsured patient), add the fee to the desired fund, instead of following the above steps to add to all funds
11. Once all desired information has been entered click **SAVE**

Adding Other Services Codes (Hospital)

These instructions will assist users in Adding or amending an Other Service Code / Prosthesis Code for the purpose of updating the description or information related to the item.
Prostheses list updates will be automatically loaded into FYDO. Any new items will be added & all new fees will be imported. Descriptions will not be updated, as some facilities prefer their own descriptions & do not what them overridden.

1. Go to **Settings**
2. Scroll down to **Hospital > Fees Management** & select **Other Services**

3. Use the **Hospital Drop Down** box to select the facility if it is a multi-location database
4. Use the **All Services Drop Down** box to select a specific service type, if necessary

5. Use the **Search** field to determine if the code is already in the system. *The search fields can be used to search codes, descriptions or companies etc to allow the user to search any part of the other service information*
6. If the code appears, double click to display the information. If it doesn't appear, use the **Show Inactive** tick box to be sure that the code isn't in the system as Inactive
7. If the code needs to be added, click **Add Other Service**

8. Enter the **Billing Code**. *(This is the only information that **will not be editable** once the item is saved)*
9. Enter the **Description** *(Mandatory Field)*
10. Use the **Type** dropdown to categories the item:
    a. Allied Health Services
    b. Disposables
    c. Labour Ward
    d. Nursing Fee
    e. Other
    f. Pharmaceuticals
    g. Prostheses
    h. Theatre Fee
11. Enter the **Company** that supplies the product. *(This can assist with reporting on prosthesis etc, as the other services reports can be run by suppliers)*
12. Enter **Eclipse Mapping** if the Other Services code that is being entered requires a prefix before the code itself. *(Only add the prefix to this field, not the prefix & the code)*
13. Enter the **Threshold Date** as the date the **Current fees** for this item will commence *(Mandatory Field)*
14. Use the **Exclude fee when billing** tick box if this Other Service is excluded from certain casebase contracts. For example, if the contract lists an all-inclusive fee for a procedure, that also includes prosthesis, this tick box would ensure there is no fee raised for this particular prosthesis when billed in conjunction with the particular casebase item. **For this feature to work** the tick box in the Casebase Fee Set up called **Exclude Other Services** also needs to be ticked. When these two tick boxes marry up there will be no charge raised for the other serviced when billed with that item. For any other Casebase or per diem fee, without this Exclude Other Services tick box marked, there will still be a fee raised for the other service.
15. Use the **Status** to mark a code as **Active** or **Inactive**
16. Once all desired information has been entered click **Save**
17. The **Export to Excel** option allows for the other services, along with the fees for each fund, to be exported to an excel spreadsheet. Use the **Search** field to filter down to a particular company or description etc to export more specific data (e.g., Search Alcon to export a list of all prosthesis in the system with the company listed as Alcon)
18. To **Delete** an item, use the cross  in the Action column to delete. You will then be asked to confirm that you are sure you want to delete the other service.

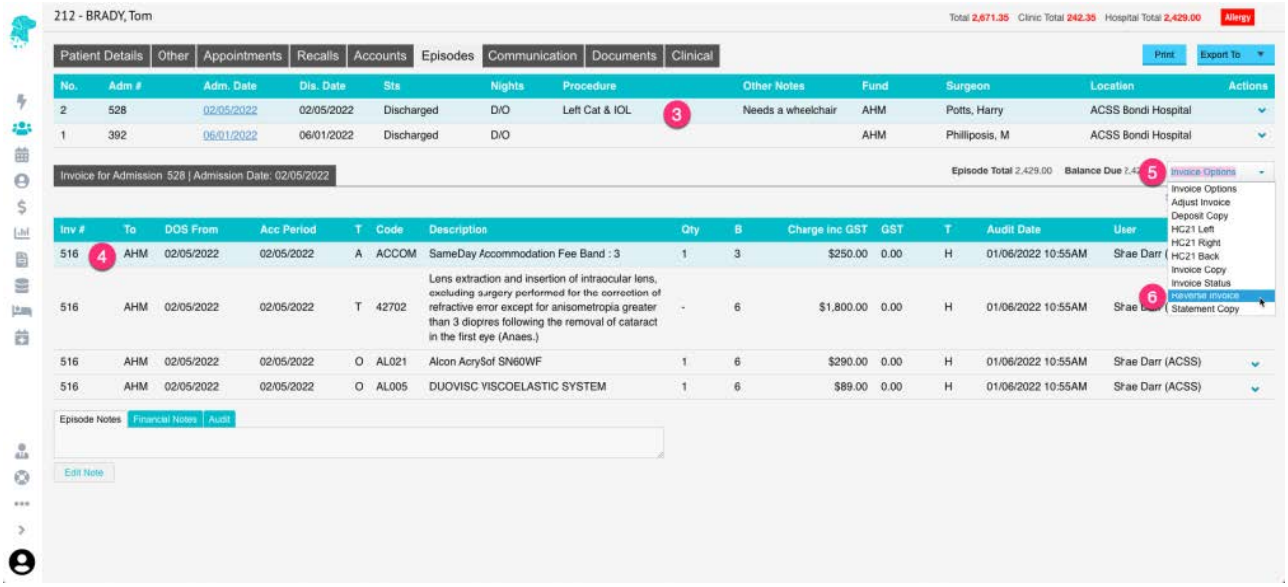
The Other Service / Prosthesis Code has now been added to your FYDO database.

For information on how to add the associated fees to this new item please see instructions **Adding Fees to Other Services Codes (Hospital).**

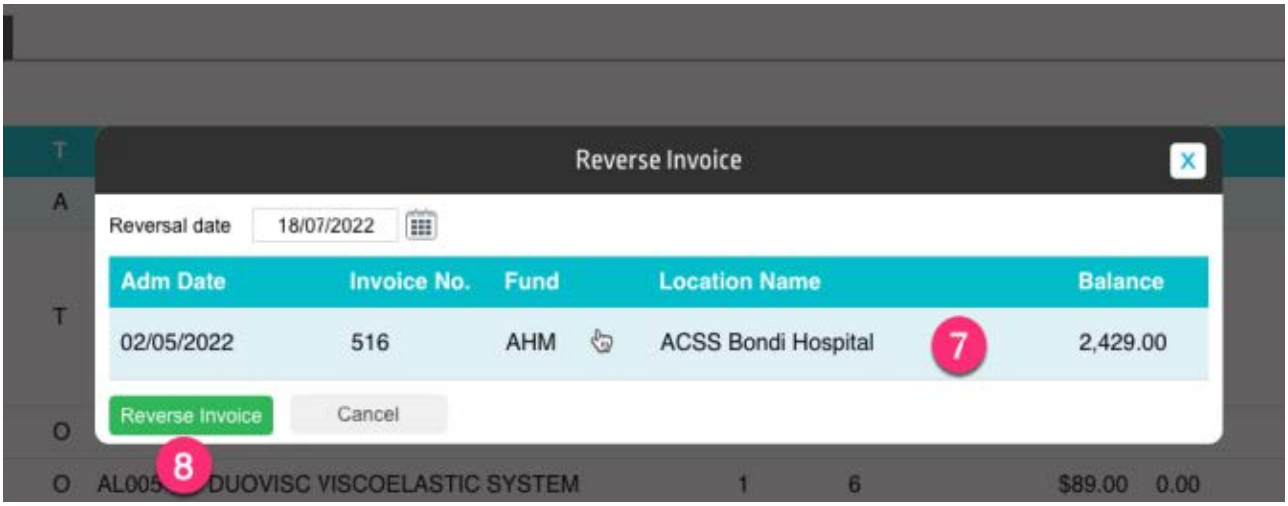
Reversing a Hospital Invoice

For an invoice that has been incorrectly billed or needs to be reversed by way of a journal entry. Navigate to the required patient using number 1 or 2 below

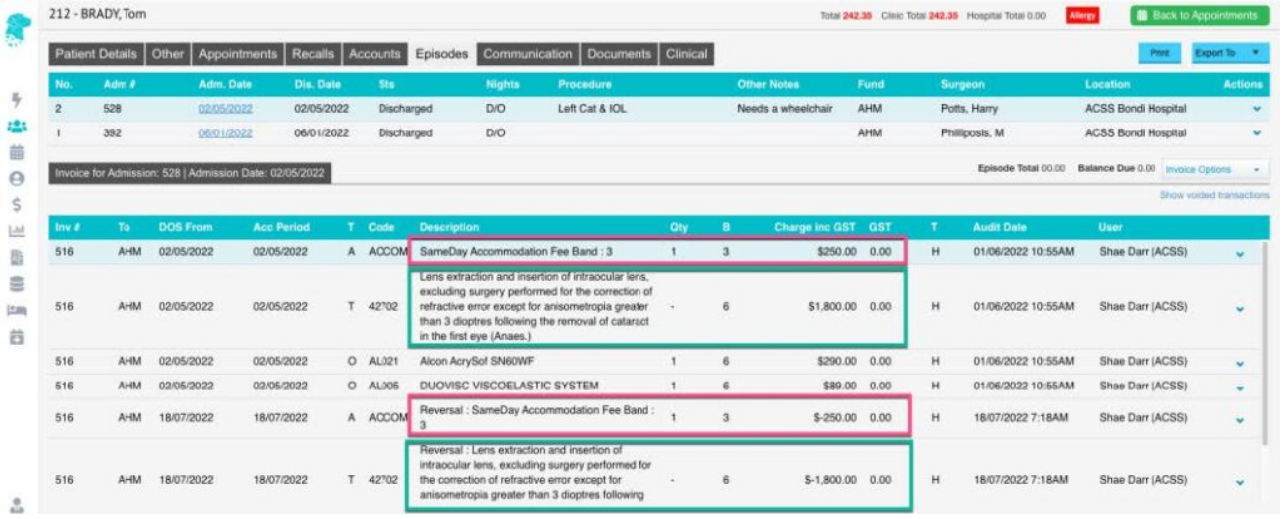
1. Select **Patient** tab in the left-hand menu
    a. Search for the required patient using the field in the top right
    b. Double click on required patient
    c. Navigate to the **Episodes** tab across the top of the patient record
2. Select **Appointments** tab in the left-hand menu
    a. Search for the required patient using the field in the centre at the top or
    b. Use the calendar to navigate to the episode date
    c. Once the patient has been located, right-click on their appointment & select **History**
3. Ensure that the correct episode is selected from the list at the top
4. Ensure that the correct invoice is selected from the information for that admission ***(NB this is important if there are multiple invoices for the one episode)***
5. Use the **Invoice Options** drop-down on the left of the screen
6. Select **Reverse Invoice**



7. The **Reverse Invoice** window will appear. Click on the invoice that you wish to reverse & it will turn a light shade of blue
8. Click the **Reverse Invoice** option



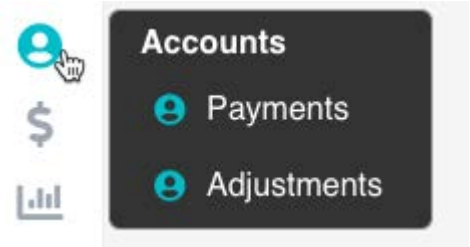
9. The invoice will continue to show in the episode; however it will now be followed by the journal adjustments that have just been performed to revers it & zero it out



Receipting a Manually Received Hospital Remittance

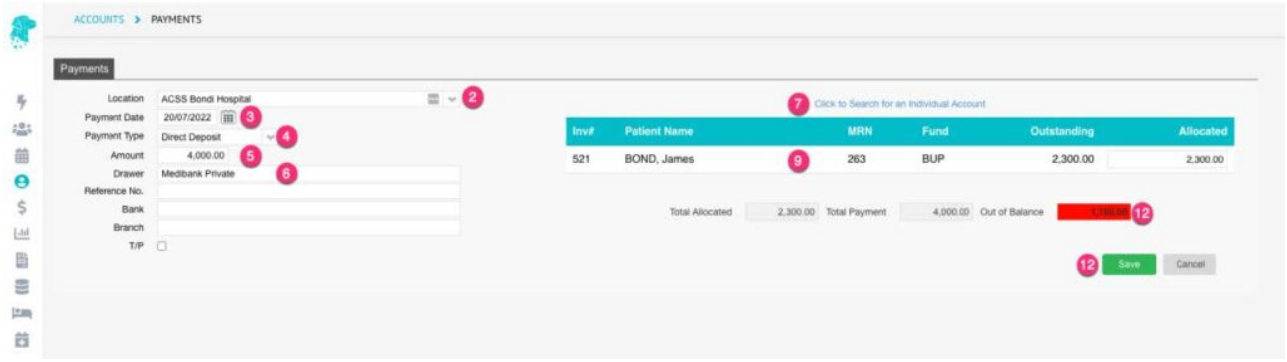
If a remittance is received in paper form, or any form other than eclipse. These steps are also to be followed when an uninsured patient makes an additional payment towards an invoice that has already been raised.

1. Hover over the **Accounts** icon in the main menu & select **Payments**



2. Select the **Location** (*for a multi-location database, single location systems will automatically populate*)

3. The **Payment Date** will automatically be set to the current date. Depending on access levels you may be able to back date if required
4. Select the **Payment Type**
5. Enter the total **Amount** of the payment being receipted
6. Type the name of the company that the payment is being received from in the **Drawer** field
7. Click on **Click to Search for an individual Account** to display the Patient Lookup box to search for a patient name, MRN, DOB, Invoice Number etc
8. Double click on the patient or episode or invoice that you wish to apply the payment towards
9. The account will display on the screen with the **Outstanding** amount & the **Allocated** amount
10. If the Allocated amount is different than the system has pre-populated, you can simply click in the field & over-ride the price.
11. Repeat steps 7 >10 for subsequent invoices included in that payment
12. You will be unable to allocate the payment until the Total Amount & the Allocated Amounts match
13. Once the **Out of Balance** field is zero you can click **Save**

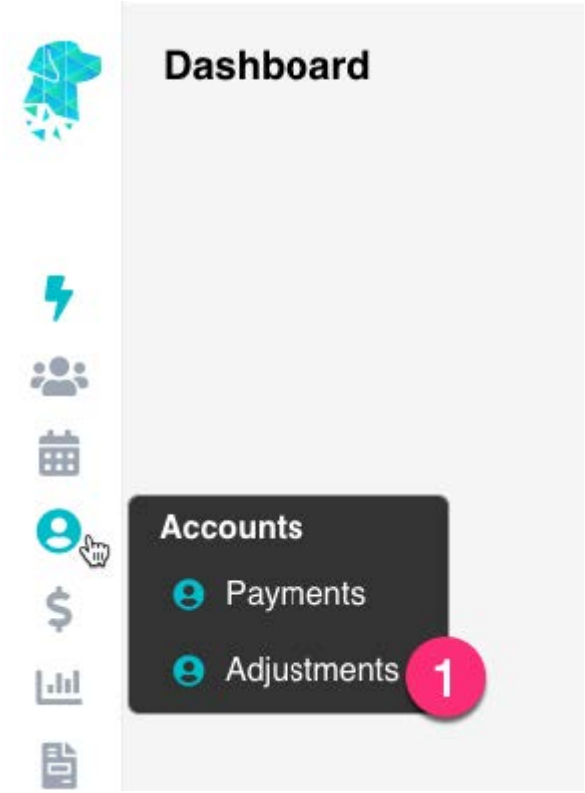


14. If there is a discrepancy between the **Outstanding** amount & the **Allocated** amount you will be prompted to print out a report showing the **Outstanding Balances**. Click **Yes** to enable these amounts to be chased up

Refund Journal via the Adjustments Screen (Hospital)

If a patient or health fund is required to be refunded the system will reflect this transaction by following these steps.

1. Go to **Accounts** in the main menu & select **Adjustments**



2. For multi-location systems, use the drop down to select the relevant **Location**
3. Enter the required **Transaction Date** if it differs from the current date
4. Use the **Type** dropdown to select **Refund**
5. Once Refund is selected for the Type, the **Payment Type** field will be displayed so the method of the transaction can be documented
6. Type the required information in the **Drawer** field
7. Use the **Reference No.**, **Bank** & **Branch** fields, if the facility work instructions require, to document additional information regarding a bank cheque etc
8. Click "**Click to Search for an individual Account**" and the search box will be displayed to find the required patient
9. Once a patient is selected, the invoices with an outstanding amount will be displayed
10. Use the **Show All Invoices** option to display invoices that don't currently have an outstanding balance
11. Type the amount to be refunded in the **Allocated** column
12. Once you have moved from the Allocated field the system will show you the **Possible Balance** of the invoice, following the adjustment
13. Once all details have been confirmed & are correct click **Save**