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 However, it is a good way to ensure accounts aren't accidentally billed at outdated prices)*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. Use the **GST** tick box if the fee is **inclusive of GST**
17. Use the in the **Action** column to remove any lines that are no longer needed
18. Click **Save**

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

Other Settings
Casebase Fees

DRG Fees
Overnight Accommodation Fees

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 Short Stay Trim into the **SS Trim** column
13. Add the applicable Short Stay Fee into the **SS Fee** column
14. Add the Long Stay Trim into the **LS Trim** column
15. Add the applicable Long Stay Fee into the **LS Fee** column
16. Add the Transfer Trim into the **TFR Trim** column
17. Add the relevant Transfer Discount into the **TRF Disc** column
18. Tick the **GST** box (scroll right) if the fees are **inclusive of GST**
19. Click **Save** once all fees are entered

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

Other Settings
Casebase Fees

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

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

---

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.

Hospital Appointment Screen Custom Views – All View

FYDO gives users the ability to customise the Appointments Screen to allow them to view the information that is important to their role. This assists in workflow & efficiency & allows users to view different information depending on the task that they are undertaking.
All custom views that are created for each facility are available to all users. Each user is then able to select their favourite view to open as their default. These instructions will provide ideas for different views & the set up required to accomplish them. For further details on how to create custom views please see the page on Creating Custom Views

Included below are examples of **All View** ideas. Please see our other pages on **Individual & Weekly View** ideas for those view types.

Administration View

Doctors Name View

Status Colours View

IFC Complete View

Procedure View

Hospital Appointment Screen Custom Views – Individual View

FYDO gives users the ability to customise the Appointments Screen to allow them to view the information that is important to their role. This assists in workflow & efficiency & allows users to view different information depending on the task that they are undertaking.
All custom views that are created for each facility are available to all users. Each user is then able to select their favourite view to open as their default. These instructions will provide ideas for different views & the set up required to accomplish them. For further details on how to create custom views please see the page on Creating Custom Views

Included below are examples of **Individual View** ideas. Please see our other pages on **All & Weekly View** ideas for those view types.

Administration Pre-Operative Process

Pre-Operative Phone Calls View

Theatre View

Recovery View

Patient Contact Information View

Status View

In addition to creating the Status Custom View the user will need to ensure the desired colours are set up in
Settings > System Configuration > Hospital.

Coding View

Billing View

Hospital Coding

Once the episode is complete it is required to be Coded. The episode needs to be Admitted for the Coding Screen to be made available. FYDO integrates with TurboGrouper & utilising this program, along with FYDO will result in a seamless coding & grouping process.

1. The Coding Screen can be located by navigating to the **Appointments Screen**
2. Use the **Search** feature to find a specific patient *or*
3. Use the **Calendar** to view a specific date
4. Once the episode has been located, use the **Right-Click Menu** to select **Coding** *(Or use the Fast Key **'g'**)*
5. The **Coder** field will automatically populate with the current user's name
6. **Copy Previous Coding** will populate all fields according to a previous admission *(This feature is especially handy when a patient has reoccurring admissions for the same procedure)*
7. **Documents** will open a new tab, allowing the user to view scanned documents while coding

8. When a **Diagnosis Codes** is added, a new line will display below to enter the next code *(This field searches Codes or Descriptions)* The **Type** & **Indicator** can be selected for each individual line
9. **Anaesthetic Types** are populated from the **Edit Appointment Screen** and can be edited if necessary *(Any changes made here will be reflected in the Edit Appointment Screen)*
10. **Visit to Theatre** is populated from the **Discharge Screen** and can be edited if necessary *(Any changes made here will be reflected in the Discharge Screen)*
11. **Show MBS** allows the user to hover over the button to display the MBS items that have been entered into the **Theatre Screen** *(If these items need to be amended the user will need to navigate to the Theatre Screen)*
12. When a **Procedure Code** is added, a new line will display below to enter the next code *(This field searches Codes or Descriptions)*
13. Once all required data has been entered click **Save**
14. Once the coding has been saved the user will be able to obtain the **DRG** by running the **Grouper** *(if TurboGrouper is installed)*
15. Ensure the correct **DRG Version** is selected *(A default DRG Version can be set up for each fund in **Settings > Health Funds** which will then populate in this field)*
16. Click **Run Grouper.** This will complete the DRG Code field, the MDC field & the Date Grouped field
17. Once complete click **Exit** to return to the appointments screen
18. The episode will now display a **"C"** to identify that it has been coded
19. Users are also able to use the **Filter** dropdown to view **Uncoded** episodes only

---

How to Find Your Minor ID

The minor ID, also referred to as the Location ID, will sometimes be required by Medicare. It is the same as your ADV client number. Here's how to find it in FYDO:

1. Hover over the **Support** icon
2. Your **Minor ID** will be displayed in the heading

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