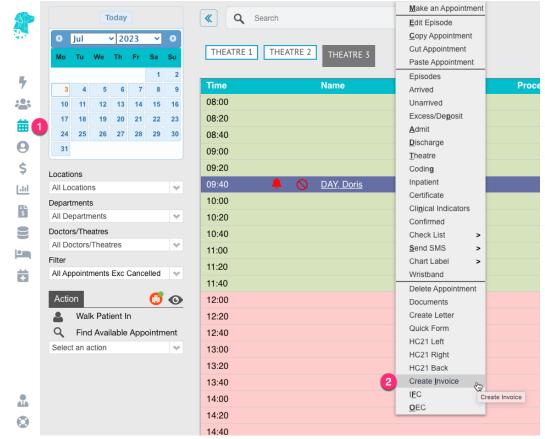
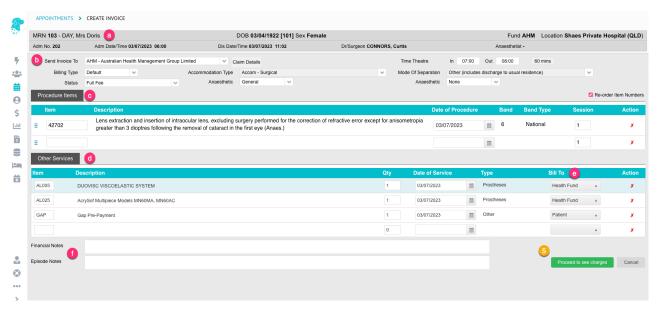
<u>Hospital Invoicing / Billing an Episode - Simple</u>

Once the episode is complete, an invoice can be raised to a health fund or patient. For an invoice to be raised, the episode needs to be:

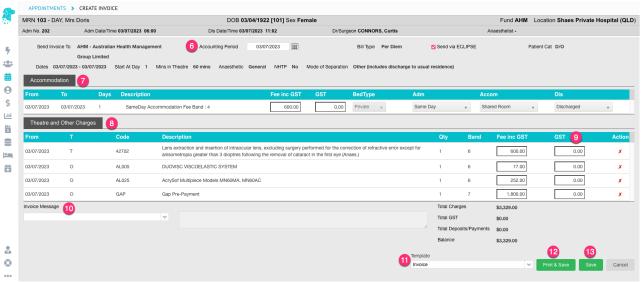
- Admitted
- Discharged
- Theatre Complete tick box checked (depending on the facility requirements)
- Coding Grouped (depending on the facility requirements)
 - 1. Open the **Appointments Screen** and locate the required episode
 - 2. Right Click to reveal the menu & select Create Invoice



3. The **Create Invoice** page will display with the following necessary information:



- a. All patient information specific to the episode
- b. Billing information including:Billing TypeTheatre Times
- c. Procedure Items being billed
- d. Other Services being billed
- e. The **Bill To** feature allows other services to be billed to the patient or a third-party company, even if the main invoice is being billed to a health fund. Selecting **Patient** from this dropdown will create a separate invoice/invoice number for the patient account
- f. The **Financial Notes** & **Episodes notes** fields will reflect notes that have been entered into the patients' Episodes screen.
- 4. As long as all required information has been previously entered into the **Theatre Screen**, there should be few reasons that anything on the Create Invoice page needs to be amended
- 5. Click **Proceed to see charges**



 $\label{eq:continuous} \textbf{6. The invoice information is displayed, including:}$

Accounting Period (That the revenue will be applied to)

Bill Type

ECLIPSE transmission status

- 7. The **Accommodation** charges will be shown
- 8. The **Theatre & Other Services Charges** will be displayed

- 9. **GST** can be amended with a **Right Click** in the **GST Field**
- 10. Custom **Invoice Messages** are able to be added. (Invoice Message Templates can also be added in **Settings > Invoice / IFC Messages**, so that they can easily be selected from the dropdown list)
- 11. Invoice template can be selected
- 12. **Print & Save** can be selected when the invoice isn't able to be sent via ECLIPSE & the user requires a printed or PDF copy of the invoice
- 13. **Save** can be selected when the invoice **is** able to be transmitted electronically via ECLIPSE & the user does not require a hard copy of the invoice

Once the user has selected Save for an invoice that can be transmitted electronically via ECLIPSE, they will then need to send this invoice by following the FYDO wiki instructions

Claiming Hospital - Not Yet Sent

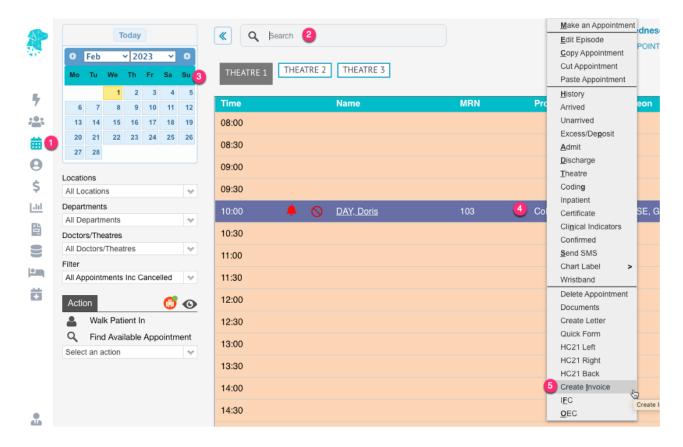
For a more detailed explanation of FYDO invoicing please see: <u>Hospital Invoicing / Billing an Episode Detailed</u>

<u>Hospital Invoicing / Billing an Episode -</u> Detailed

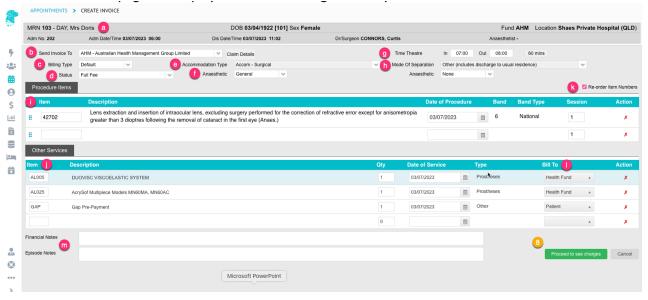
Once the episode is complete, an invoice can be raised to a health fund or patient. For an invoice to be raised, the episode needs to be Admitted & Discharged. Depending on the requirements that the facility has stipulated in System Configuration, the Theatre Complete tick box may need to be ticked in order to confirm the item numbers are correct for billing. And the episode may need to be Grouped in order for billing to be able to be done.

A simple invoicing & billing explanation can be found at: Hospital Invoicing / Billing an Episode - Simple

- 1. Navigate to the **Appointments Screen**
- 2. Use the **Search** field to locate the required episode or
- 3. Use the **Calendar** to select required date & **Theatre Tabs** to select required theatre
- 4. Locate required episode & Right Click to reveal the menu
- 5. Select Create Invoice

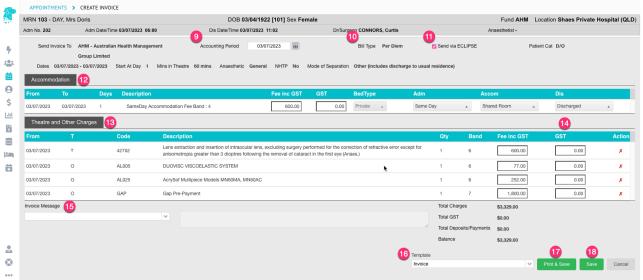


6. The Create Invoice page will display with the following necessary information:



- a. All patient information specific to the episode
- b. The health fund being invoiced
- c. **Billing Type** can usually be left as default. This allows FYDO to review the fees entered for the health fund & bill accordingly by **Casebase**, **Per Diem** or **DRG**
- d. The Status of the invoice being billed: either Full Fee or Basic Fee
- e. The Accommodation Type
- f. The anaesthetic type being billed
- g. The theatre times that the invoice will be based on
- h. The Mode of Separation
- i. The items being billed
- j. The **Other Services** being billed
- k. The **Re-order Item Numbers** tick box allows users to keep the item numbers in the

- order they have been entered in. However, if this box is checked, then FYDO will order the item numbers from highest to lowest banding
- The Bill To feature allows other services to be billed to the patient or a third-party company, even if the main invoice is being billed to a health fund. Selecting Patient from this dropdown will create a separate invoice/invoice number for the patient account
- m. The **Financial Notes** & **Episodes notes** fields will reflect notes that have been entered into the patients' Episodes screen.
- 7. As long as all required information has been previously entered into the **Theatre Screen**, there should be few reasons that anything on the Create Invoice page needs to be amended
- 8. Click **Proceed to see charges**



- 9. The **Accounting Period** date, which the revenue will be applied to, is displayed. (*The default date that is selected in this field is set in Settings > System Configuration*)
- 10. The **Bill Type** that has been used will be displayed
- 11. The invoice's ability to be transmitted via ECLIPSE will be shown with the tick box
- 12. The **Accommodation** charges will be displayed
- 13. The **Theatre & Other Services Charges** will be displayed
- 14. **GST** will be displayed if the fees for that item have been set up to include GST. Otherwise, users are able to calculate the GST amount by **Right Clicking** in the **GST Field**
- 15. Custom **Invoice Messages** are able to be added & the user is able to type the required messages. However, Invoice Message Templates can also be added in Settings > Invoice / IFC Messages so that they can easily be selected from the dropdown list
- 16. FYDO allows for multiple Invoice Templates to be added. A default template can be set, but if another template is required, it can be selected from the Template dropdown
- 17. **Print & Save** can be selected when the invoice isn't able to be sent via ECLIPSE & the user requires a printed or PDF copy of the invoice
- 18. **Save** can be selected when the invoice **is** able to be transmitted electronically via ECLIPSE & the user does not require a hard copy of the invoice

Once the user has selected Save for an invoice that can be transmitted electronically via ECLIPSE, they will then need to send this invoice by following the FYDO wiki instructions Claiming Hospital - Not Yet Sent

Opening the Theatre on a Non-Standard Day / Weekend

FYDO allows users to have the available theatre times & default appointments to be set for every day. However, sometimes facilities will have the need to open a theatre on a day that it would usually not be opened on. This can easily be done in FYDO by adding a Non-Standard Day to your theatre by following the instructions below.

- 1. Open Settings
- 2. Select Theatre Data



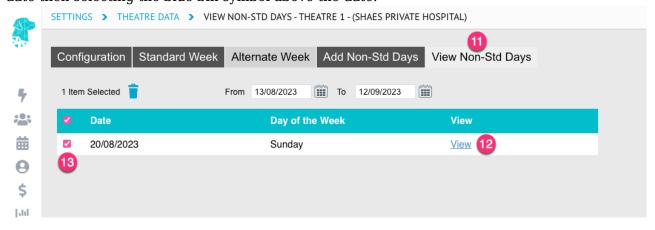
3. Double Click on the required Theatre



- 4. Select tab Add Non-Std Days
- 5. Selected the required **Date** or click the **Close Day** tickbox to close the theatre for a day that is usually open
- 6. Select the **Start Time** that the theatre will be available from
- 7. Select the **End Time** that the theatre will be available to
- 8. Once the Start Time & End Time have been entered, the appointments will populate with the Default Appointment Type for this theatre
- 9. The **Appointment Type** can be amended using the dropdown under the **Type** column
- 10. Once all required settings are added, click Save



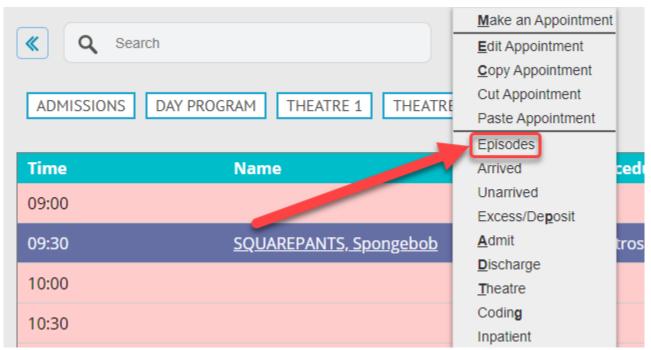
- 11. Once Non-Standard dates have been added, a new tab **View Non-Std Days** will be available where users are able to view all non-standard entries
- 12. The user is able to **View** the appointment times
- 13. The non-standard day is also able to be **Deleted** by selecting the checkbox to the left of the date then selecting the blue bin symbol above the date.



Unadmit or Undischarge a Hospital Episode

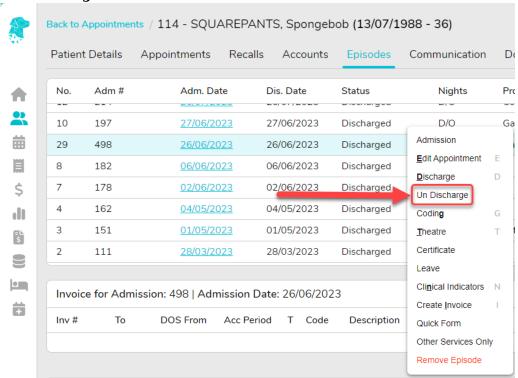
If an episode is accidentally admitted or discharged, the user can Un-admit or Un-discharge following the steps below.

- 1. Navigate to the appointment that needs to be Un-admitted and/or Un-discharged
- 2. Use the Right Click Menu to select Episodes

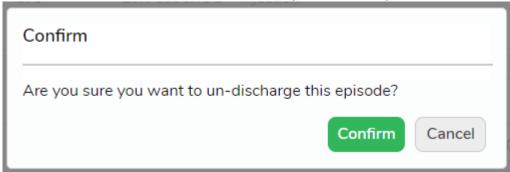


3. If the episode has been admitted, & discharged, Right Click on the required Episode and select

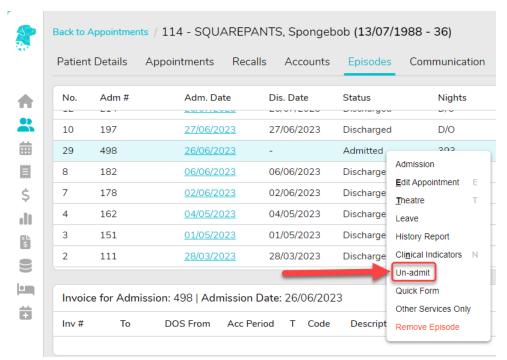
Un-discharge



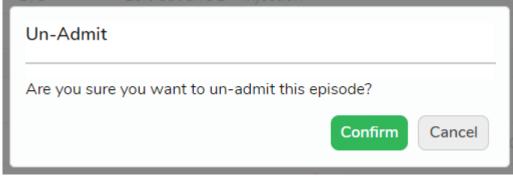
4. The user will be asked to **Confirm** that they are sure they want to un-discharge the episode.



5. The Right Click process will need to be repeated to then **Un-admit** the episode



6. The user will again be prompted to **confirm** that they want to un-admit the episode.



7. Once this process has been followed, click **Back to Appointments** and the episode will have been returned to the status of **B** for **Booked**

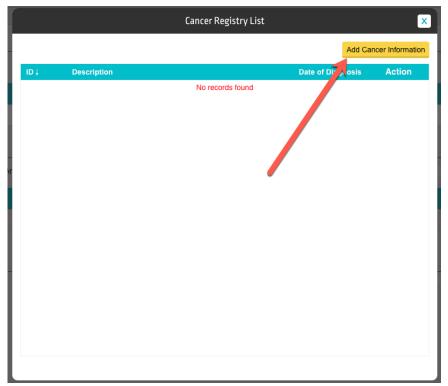
Hospital Cancer Registry Data

FYDO gives users the ability to enter Cancer Registry information & export the data for ease of submission.

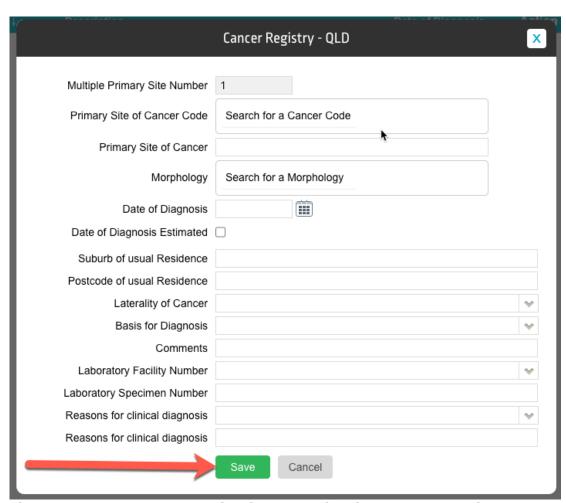
Once the coding has been entered, by following the instructions on <u>Hospital Coding</u>, you are able to click on the **Cancer Registry** icon.



This will open up a screen that allows you to **Add Cancer Information**.



Once in the Cancer Registry screen, enter all relevant information for your state & click Save.



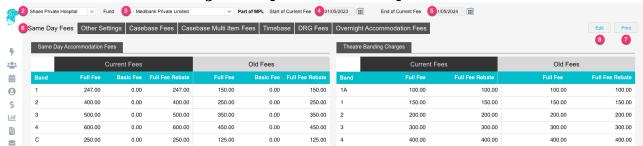
The Cancer Registry Data can then be exported in the same manner that you export all your monthly data.

For more information on Data Extracts, see **Hospital Data Extracts**

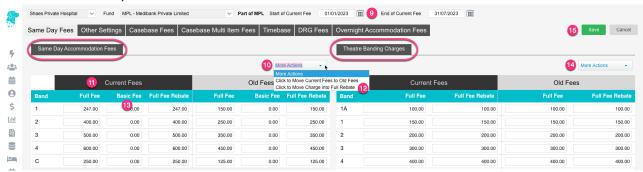
Hospital Health Fund Fees - Same Day Fees Set Up

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:

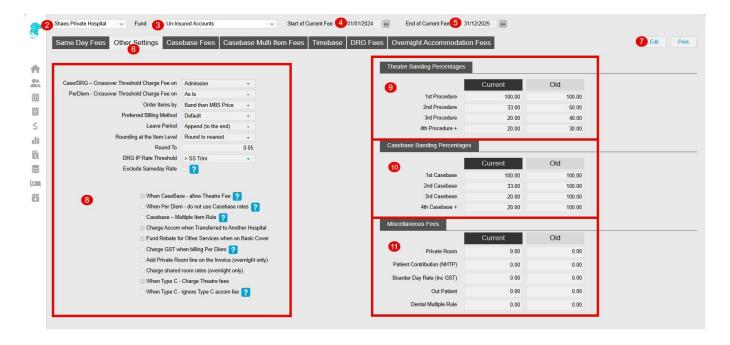
Other Settings
Casebase Fees
Casebase Multi Fees
DRG Fees
Overnight Accommodation Fees

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 <u>Hospital Health Fund - Same Day Fees Setup</u>



- 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:

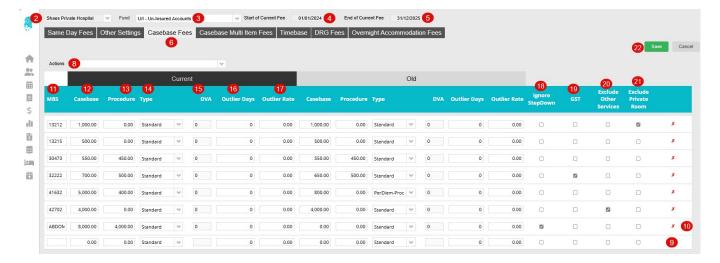
<u>Casebase Fees</u>
<u>Casebase Multi Fees</u>
<u>DRG Fees</u>
<u>Overnight Accommodation Fees</u>

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

<u>Hospital Health Fund Fees - Casebase Multi</u> 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

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
- 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