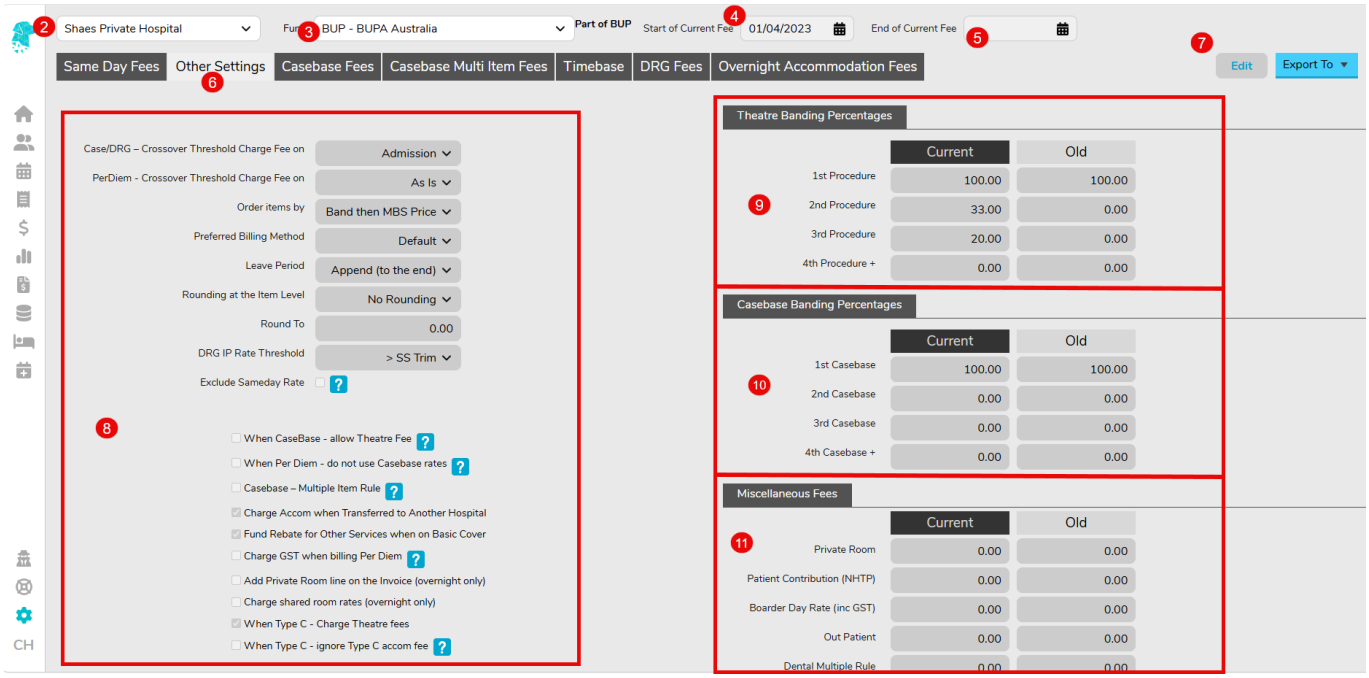
# Hospital Health Fund Fees – Other Settings

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 However, it is a good way to ensure accounts aren't accidentally billed at outdated prices)*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

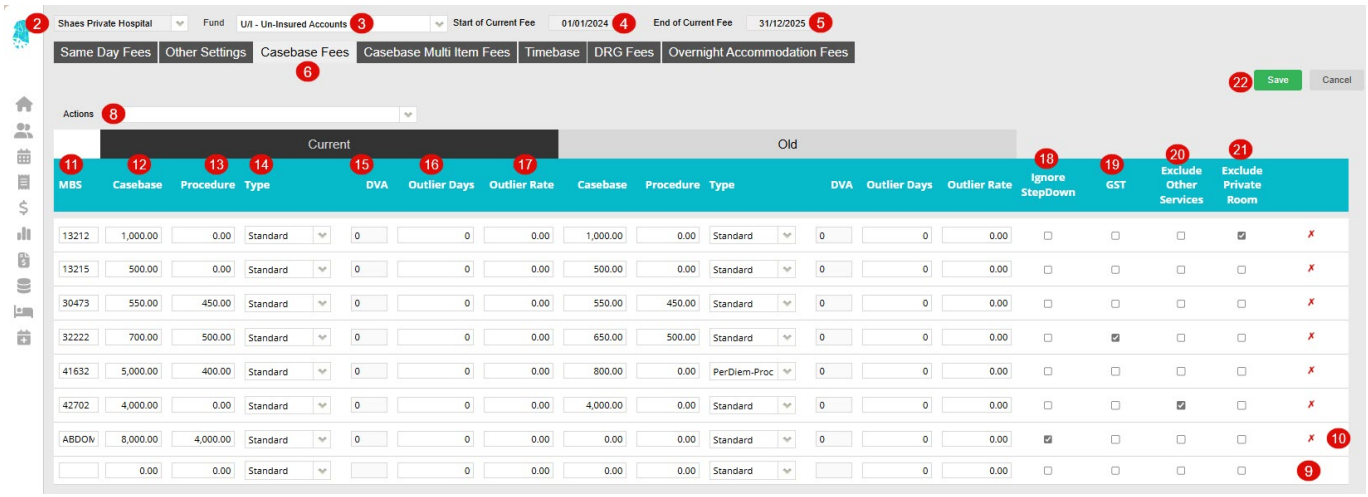
**Casebase Fees**
**Casebase Multi Fees**
**DRG Fees**
**Overnight Accommodation Fees**

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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**

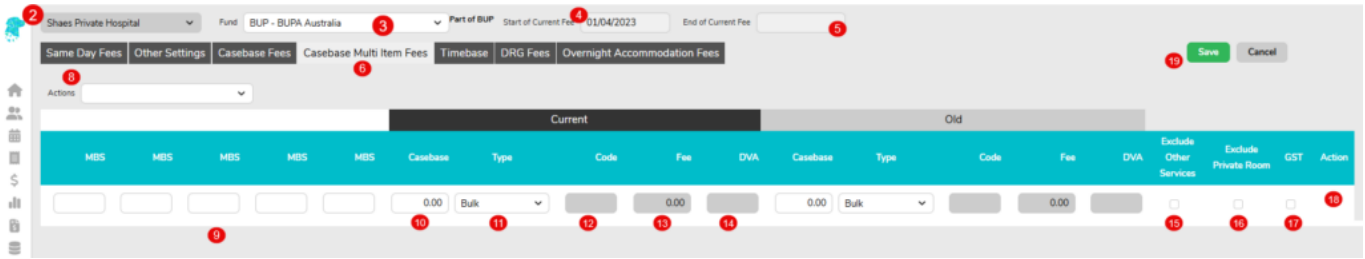
For further information on how to set up fees, please visit our pages:

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

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# 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**

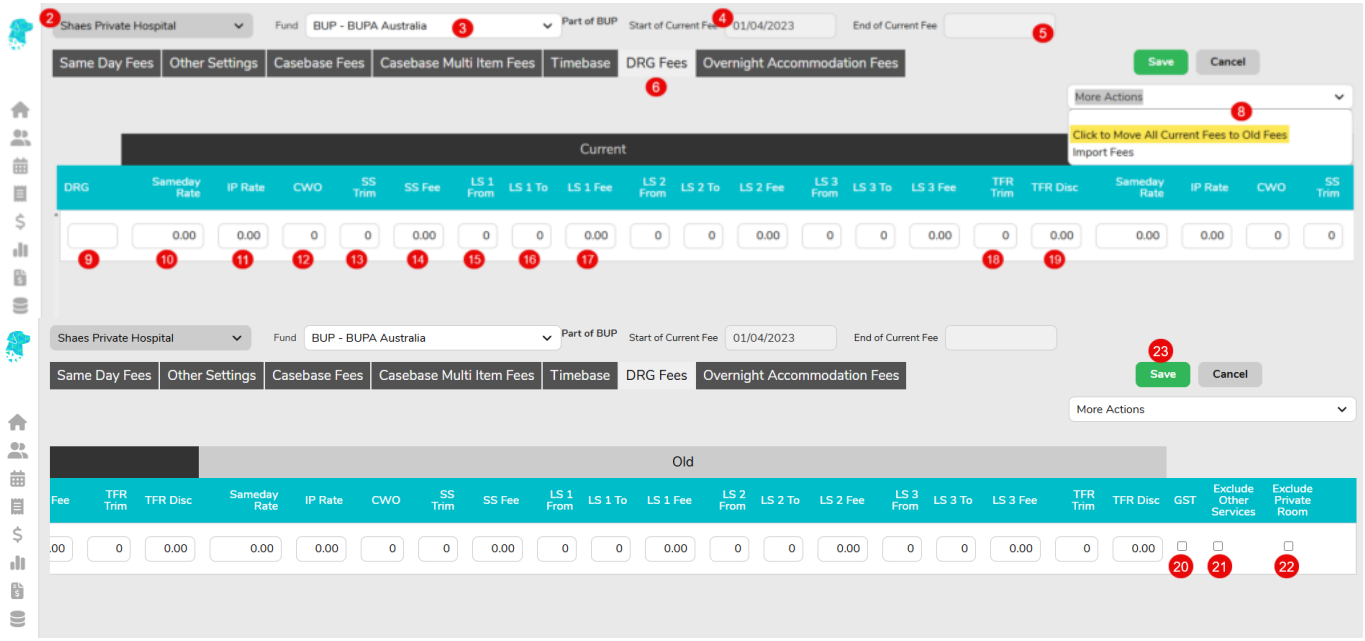
[DRG Fees](#)
[Overnight Accommodation Fees](#)

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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:

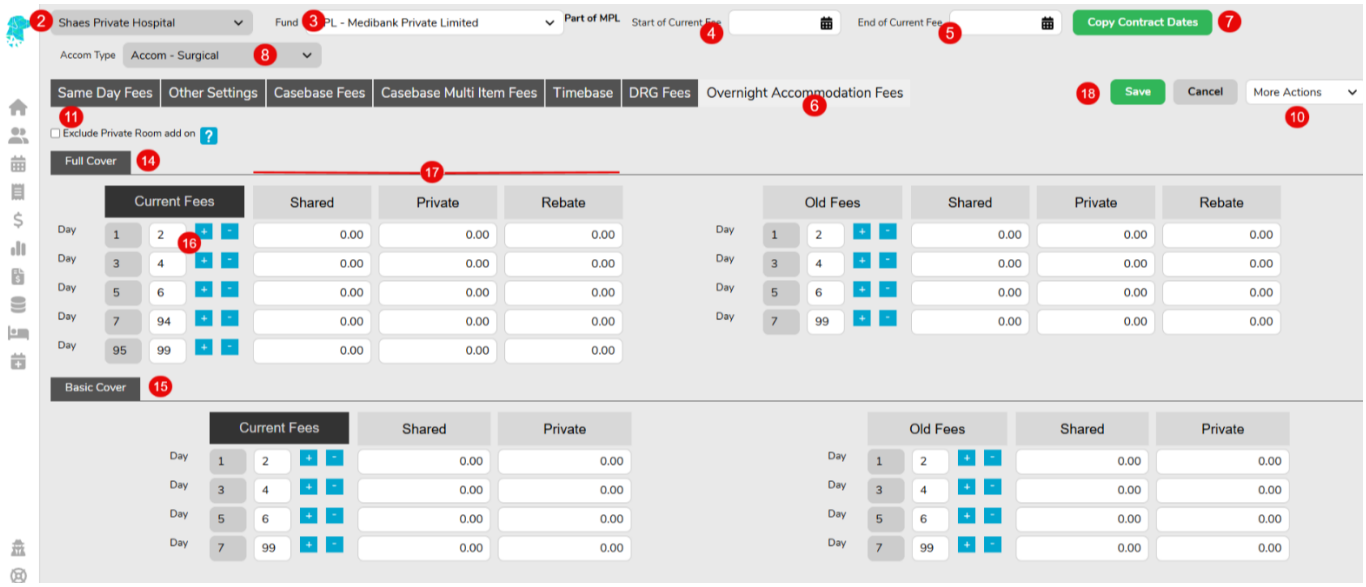
**Other Settings**
**Casebase Fees**
**Casebase Multi Fees**
**Overnight Accommodation Fees**

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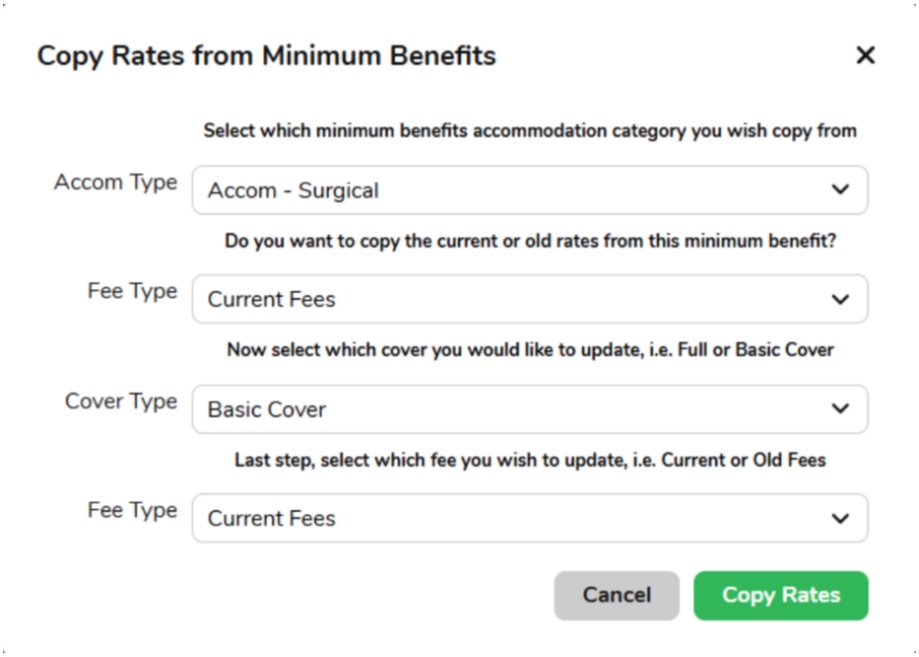
# Hospital Health Fund Fees – Overnight Accommodation Fees

**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 **Copy Contract Dates** if the contract dates match that of the Overnight Accommodation start and end dates.
8. Select the required **Accommodation Type** from the drop down. *(Accommodation Categories can be added or amended in Settings > Accommodation Categories)*
9. Click **Edit**
10. If adding amended fees, use the **More Actions** dropdown to select **Click to move all Current Fees to Old Fees**
11. Tick the **Exclude Private Room add on** if in the Other Settings tab rule 'Add Private Room line on the invoice' is ticked or applies.
12. 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**
13. A pop up will appear to give all required options regarding copying the Minimum Benefits Rates into the Health Fund Contract rates




14. **Full Cover** Fees can be added to the first section of the screen
15. **Basic Cover** Fees can be added to the second section of the screen
16. When entering fees, use the

    to adjust the Day that the fees apply to. This will automatically adjust the following line to continue on.

17. Add the relevant fees into the **Shared, Private & Rebate** columns
18. Click **Save**
19. 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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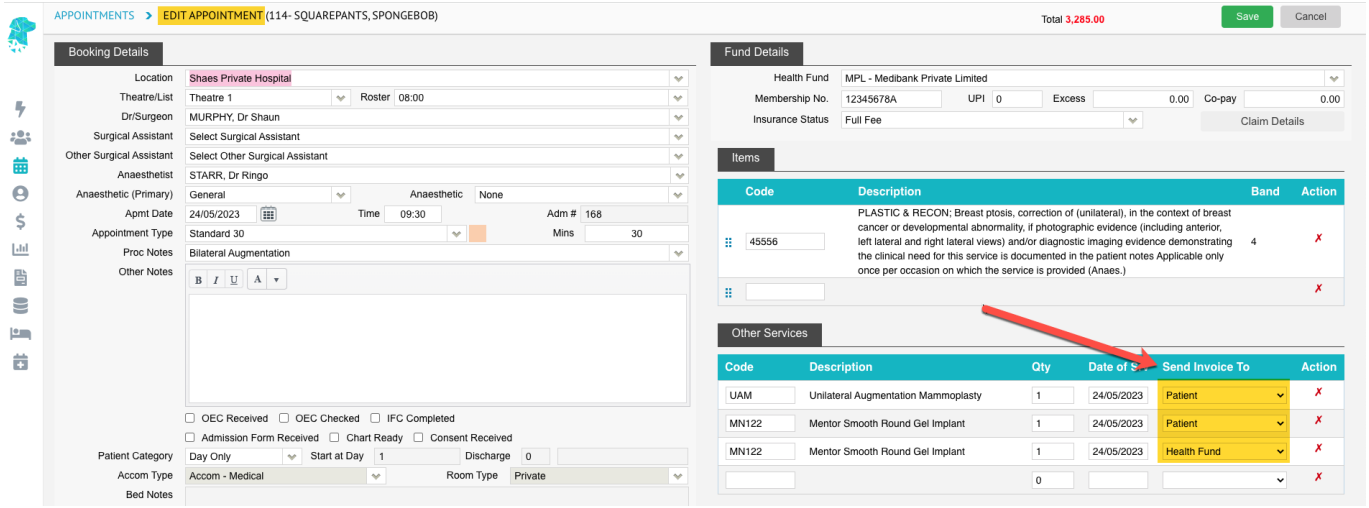
# IFC for an Episode that is partially covered by the Health Fund

**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.

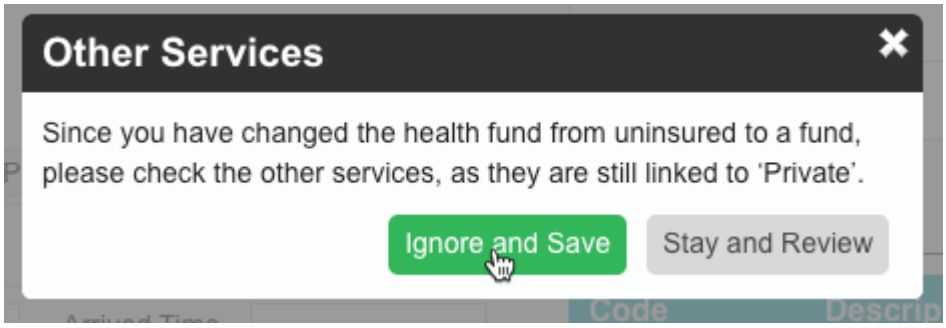
As seen below, FYDO gives the option to **Send Invoice To** the Health Fund or the Patient. This allows the user to select certain items that will be billed to the patient.



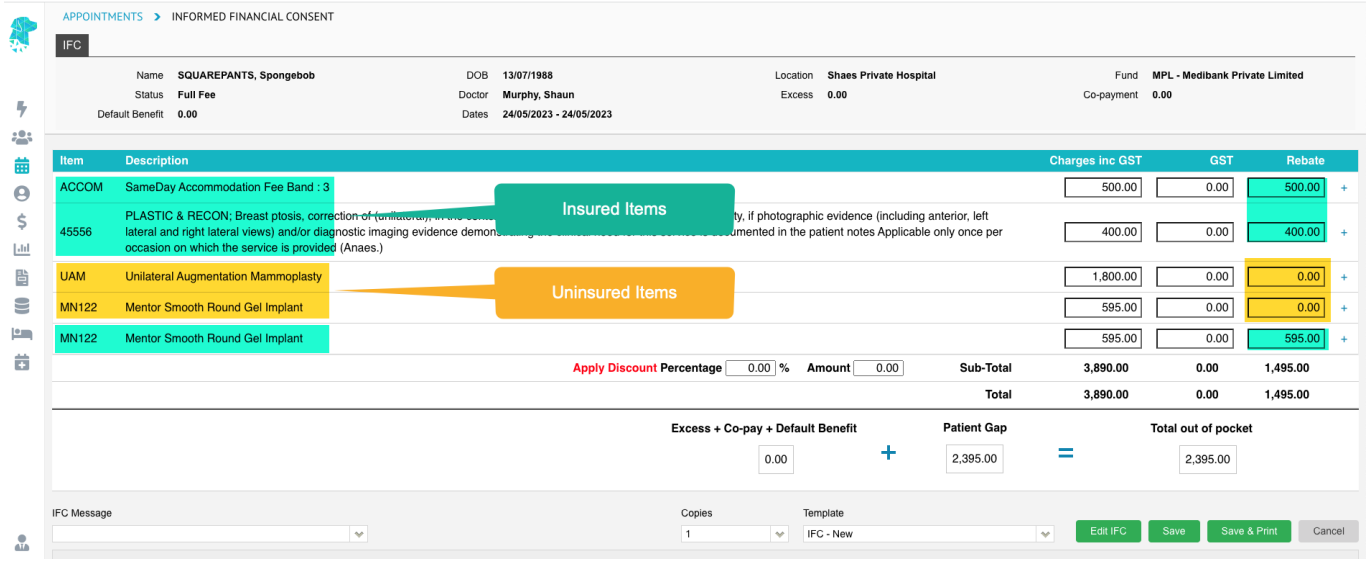

Each facility is able to add their own “codes” to the Other Services list in FYDO. This can be done by following the instructions for Adding Other Services Codes (Hospital) and then adding the corresponding fees by following the instructions for Adding Fees for Other Service Codes (Hospitals)

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.

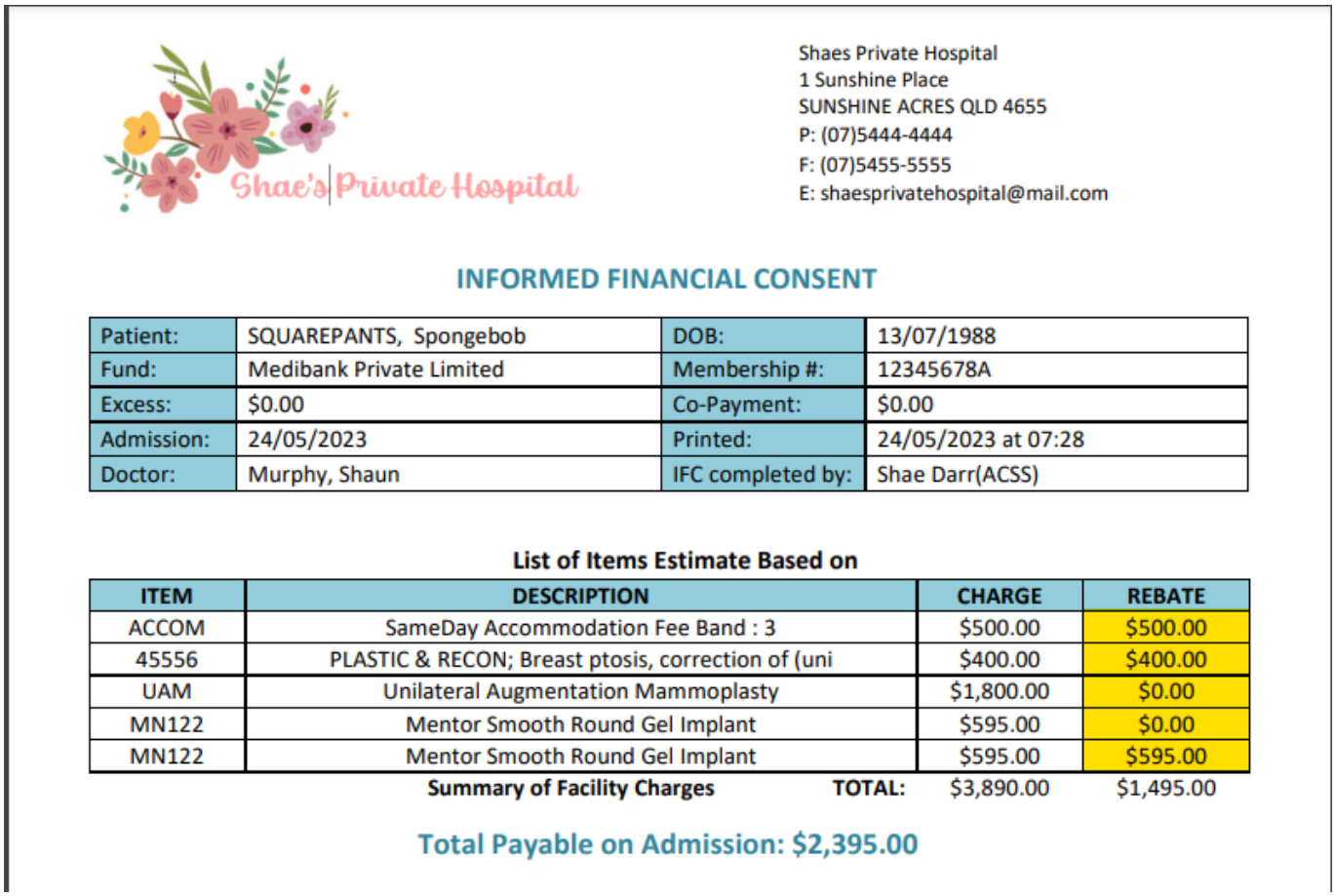
Therefore click **Ignore and Save**.




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

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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**

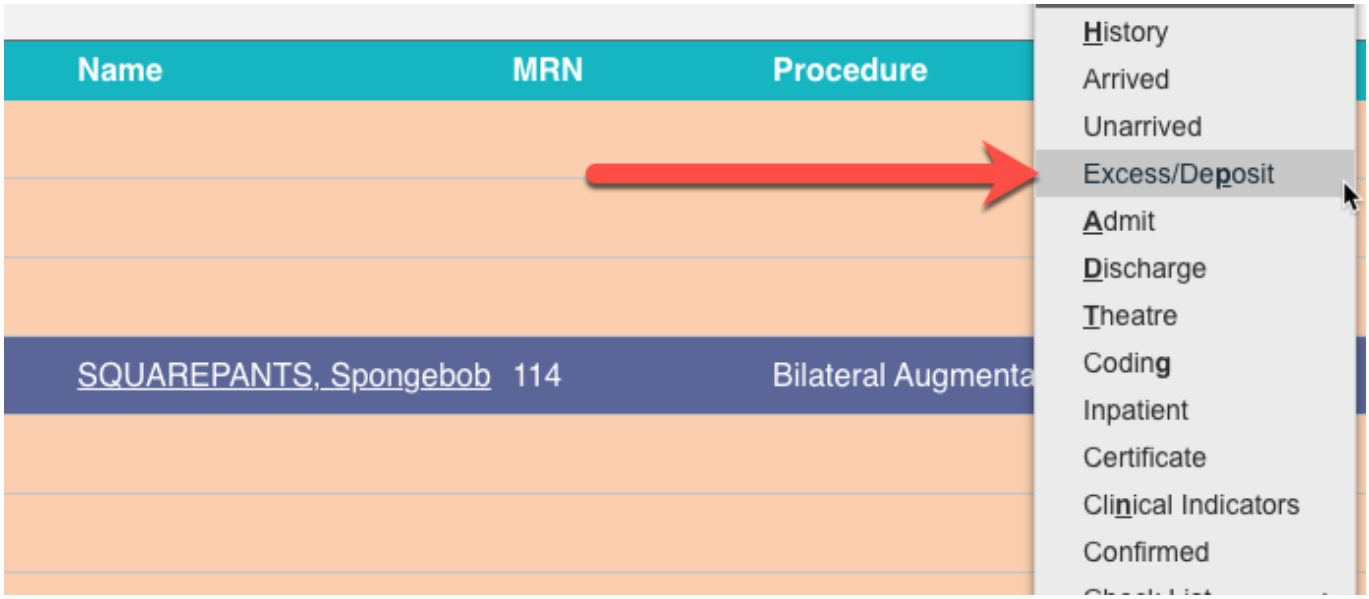
For information in receipting payments for these types of episodes visit these instructions for

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

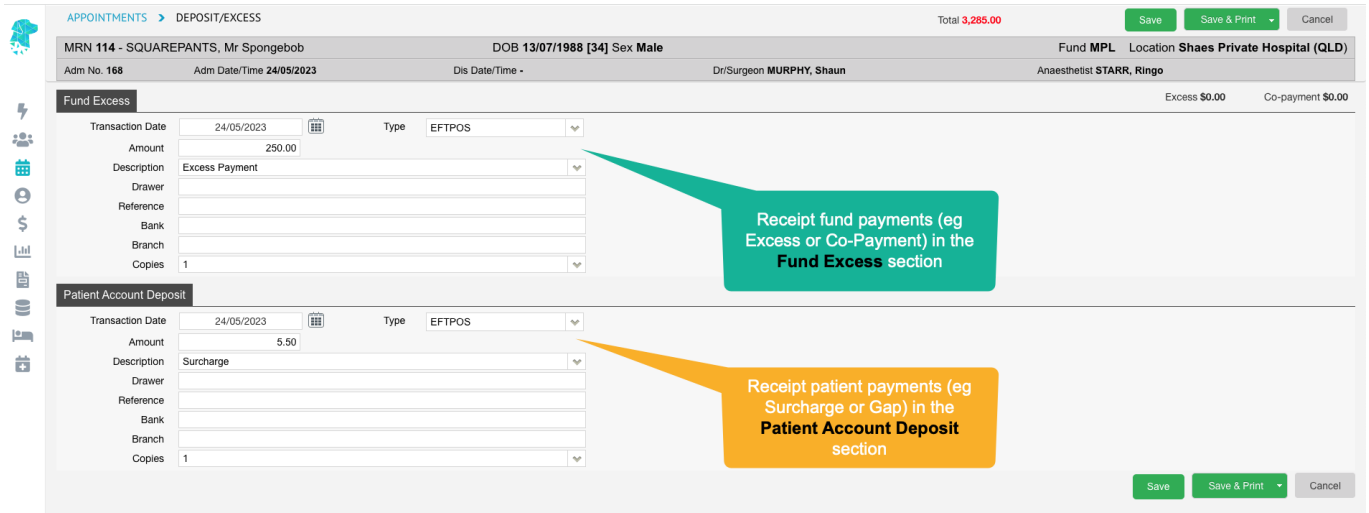
**There will be some instances where insured patients need to pay for part of their procedure.**
**Maybe some of the procedures is classified as a cosmetic procedure, maybe they have restrictions on their level of cover & the hospital is able to raise a charge to the patient for those extra procedures.**
**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**.

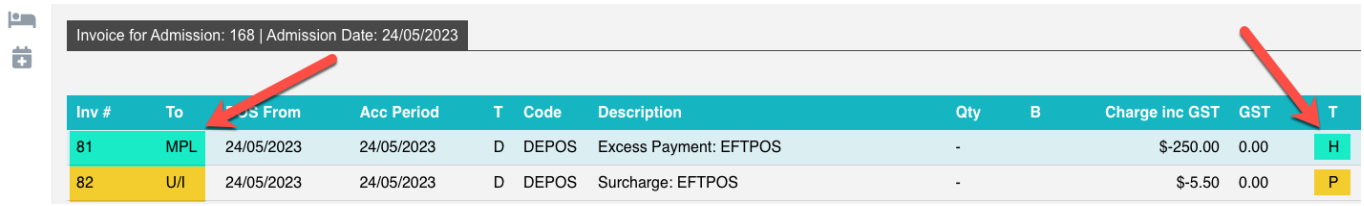



Then use the **Fund Excess** section to receipt the payment that is required to go towards the **Insured Fund Invoice** and use the **Patient Account Deposit** section to receipt the payment that is required to go towards the **Uninsured Patient Invoice**.



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.



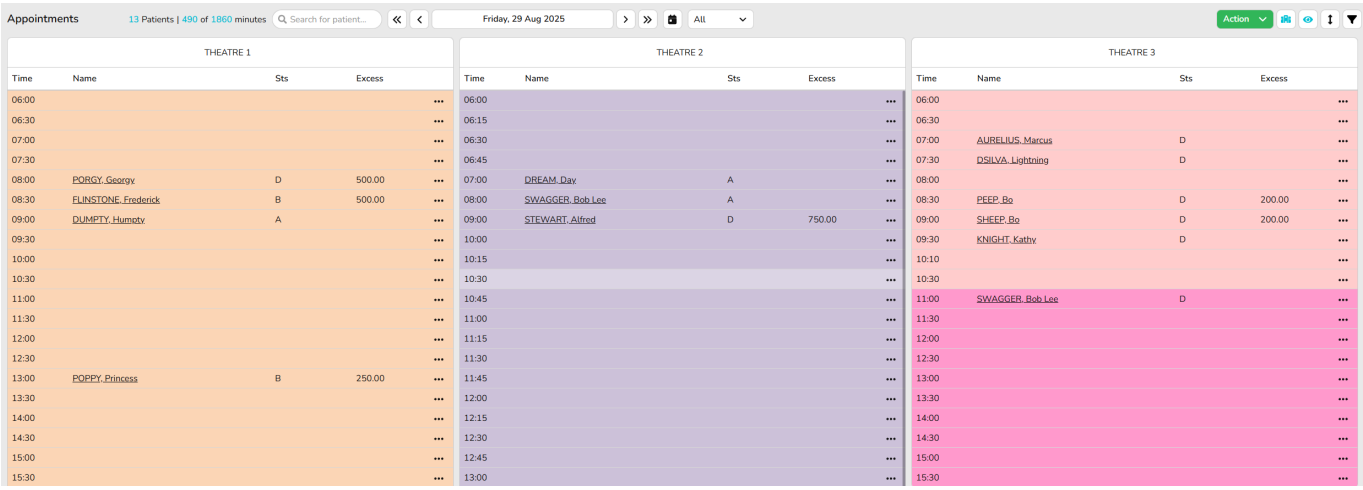

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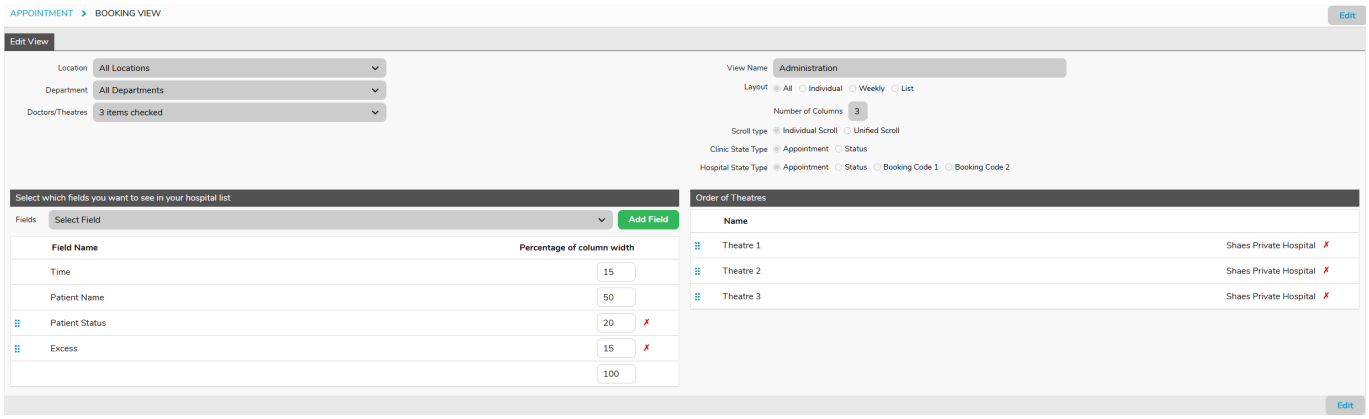
# Hospital Appointment Screen Custom Views – All View

**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**

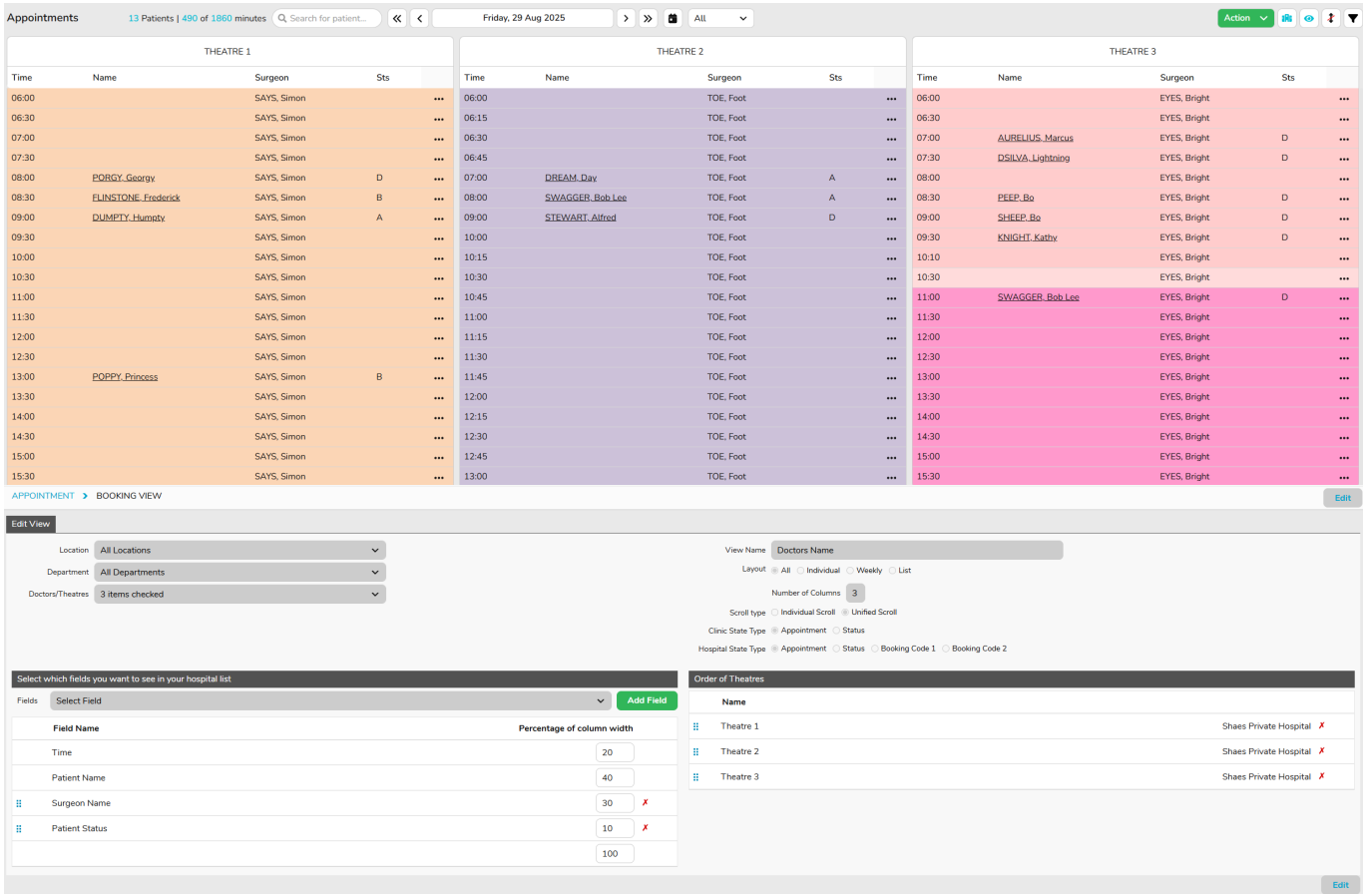
Included below are examples of **All View** ideas. Please see our other pages on **Individual & Weekly View** ideas for those view types.

## Administration View

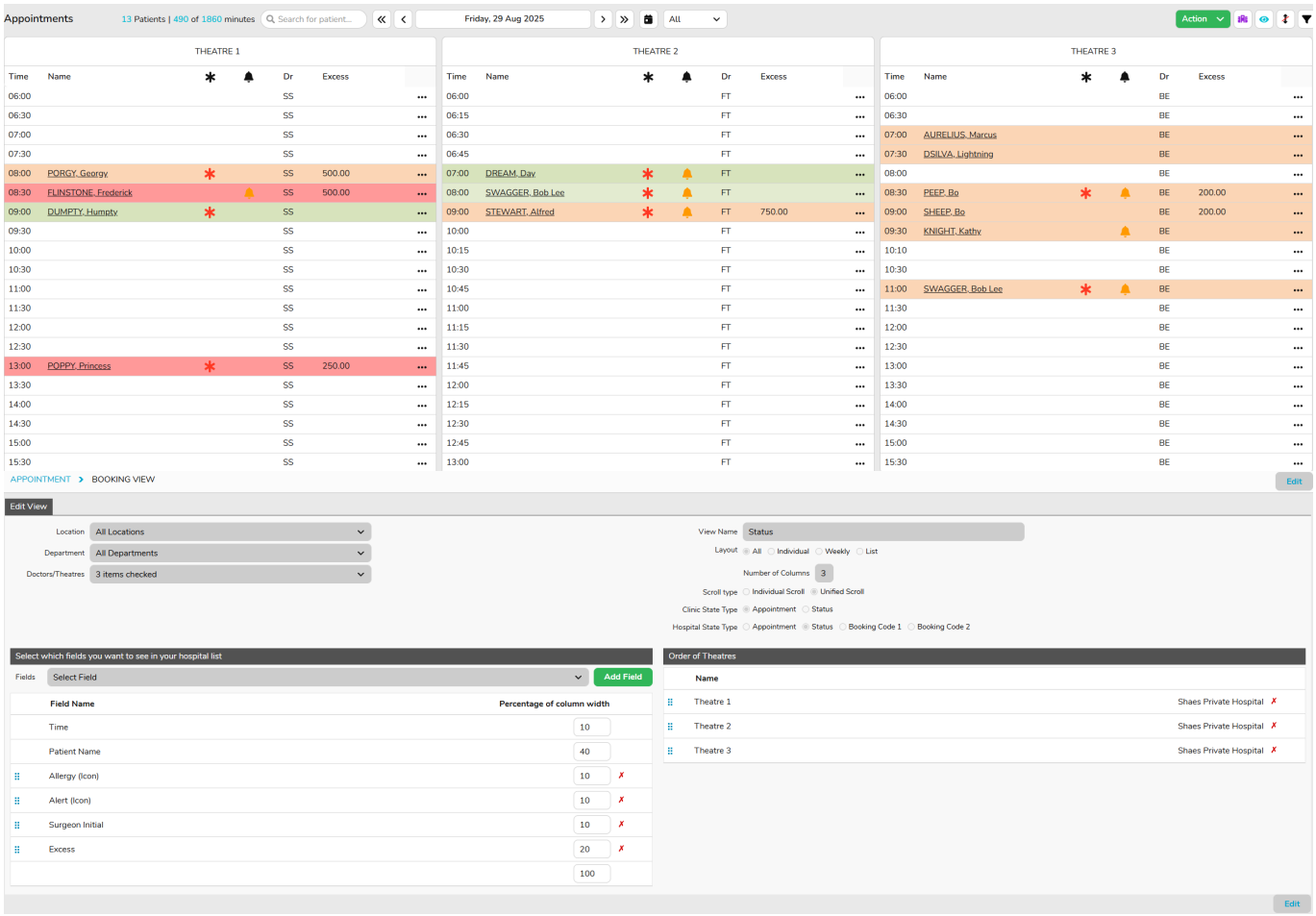




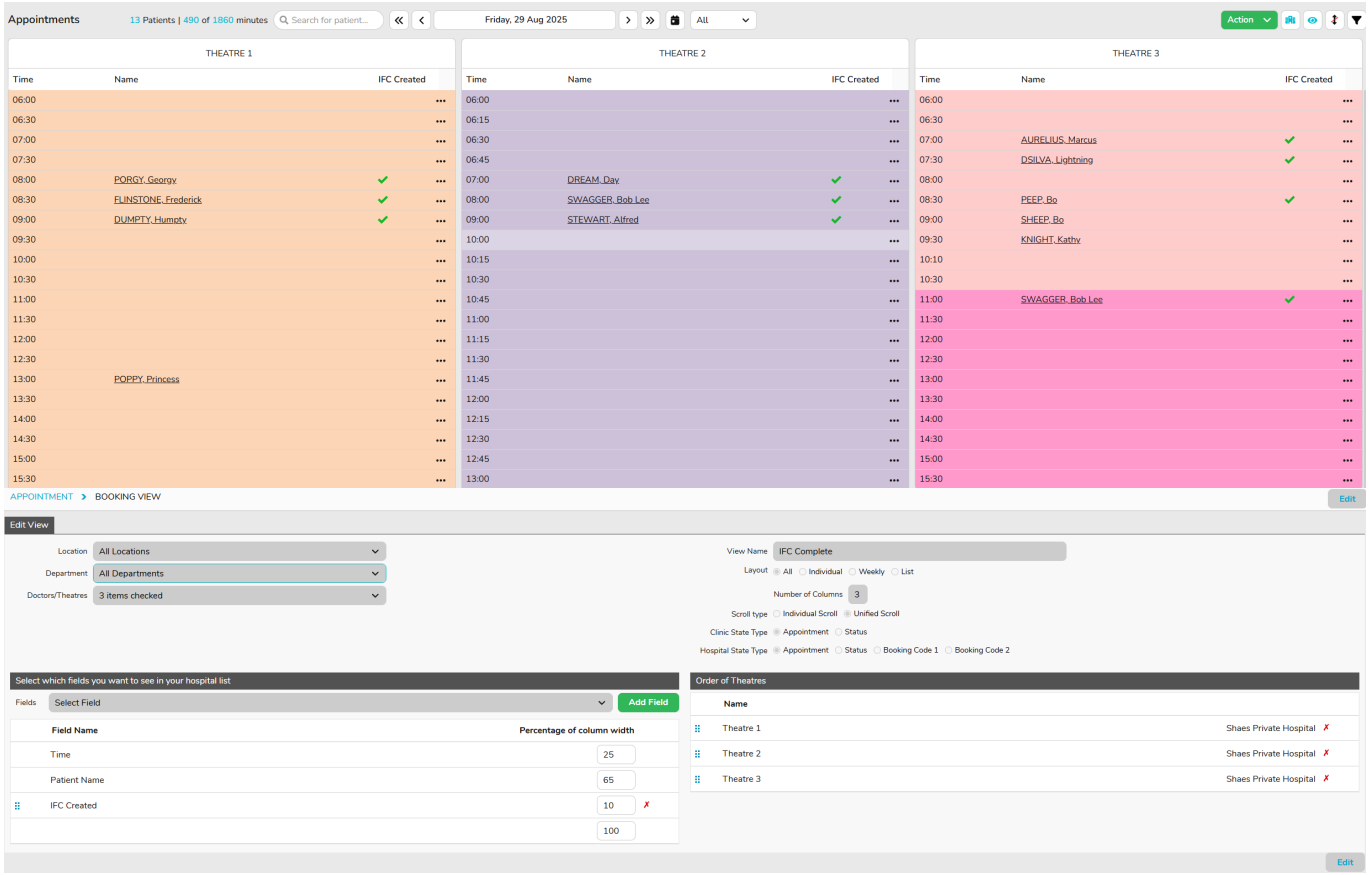

# Doctors Name View



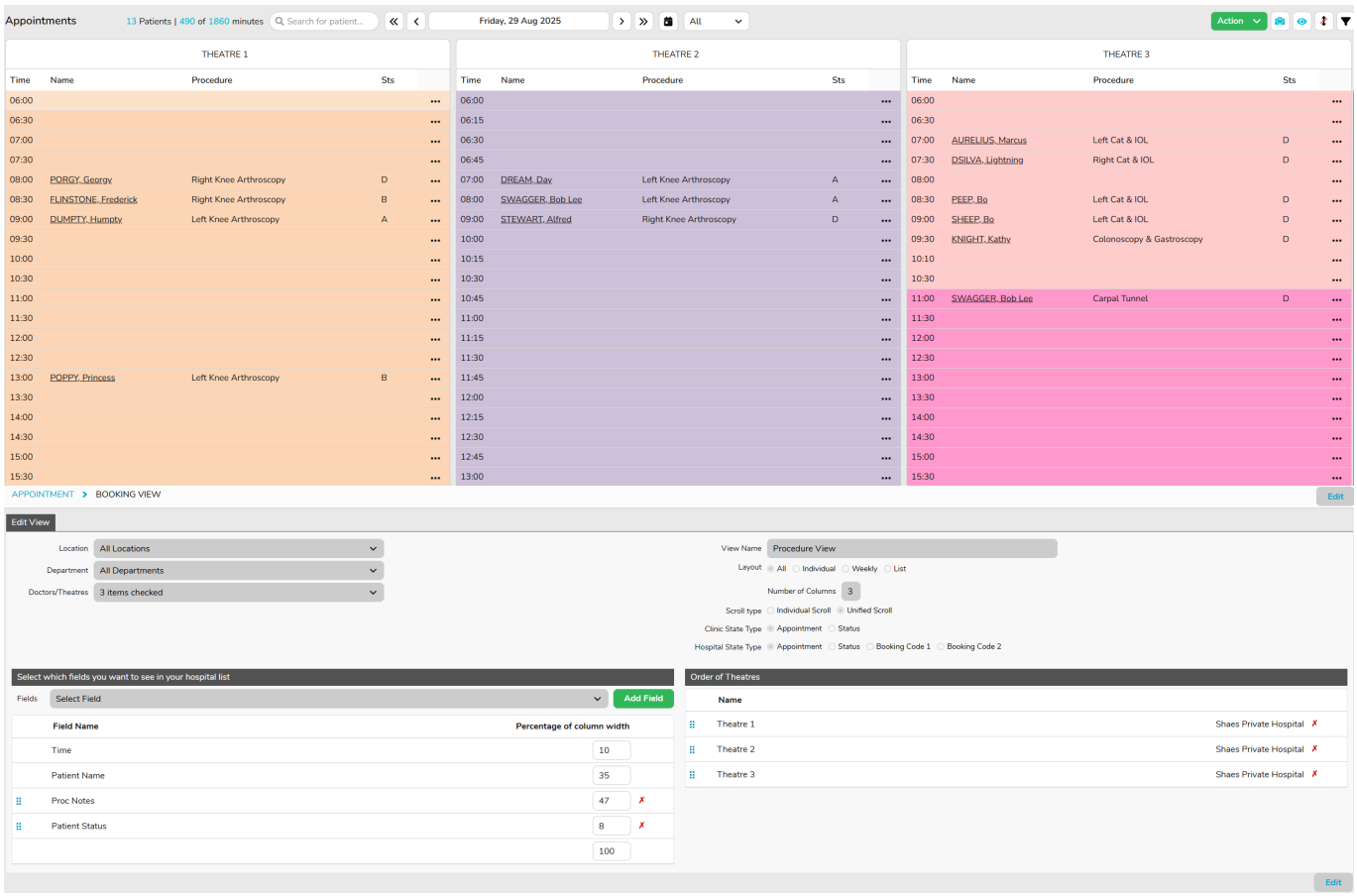

# Status Colours View




# IFC Complete View



## Procedure View



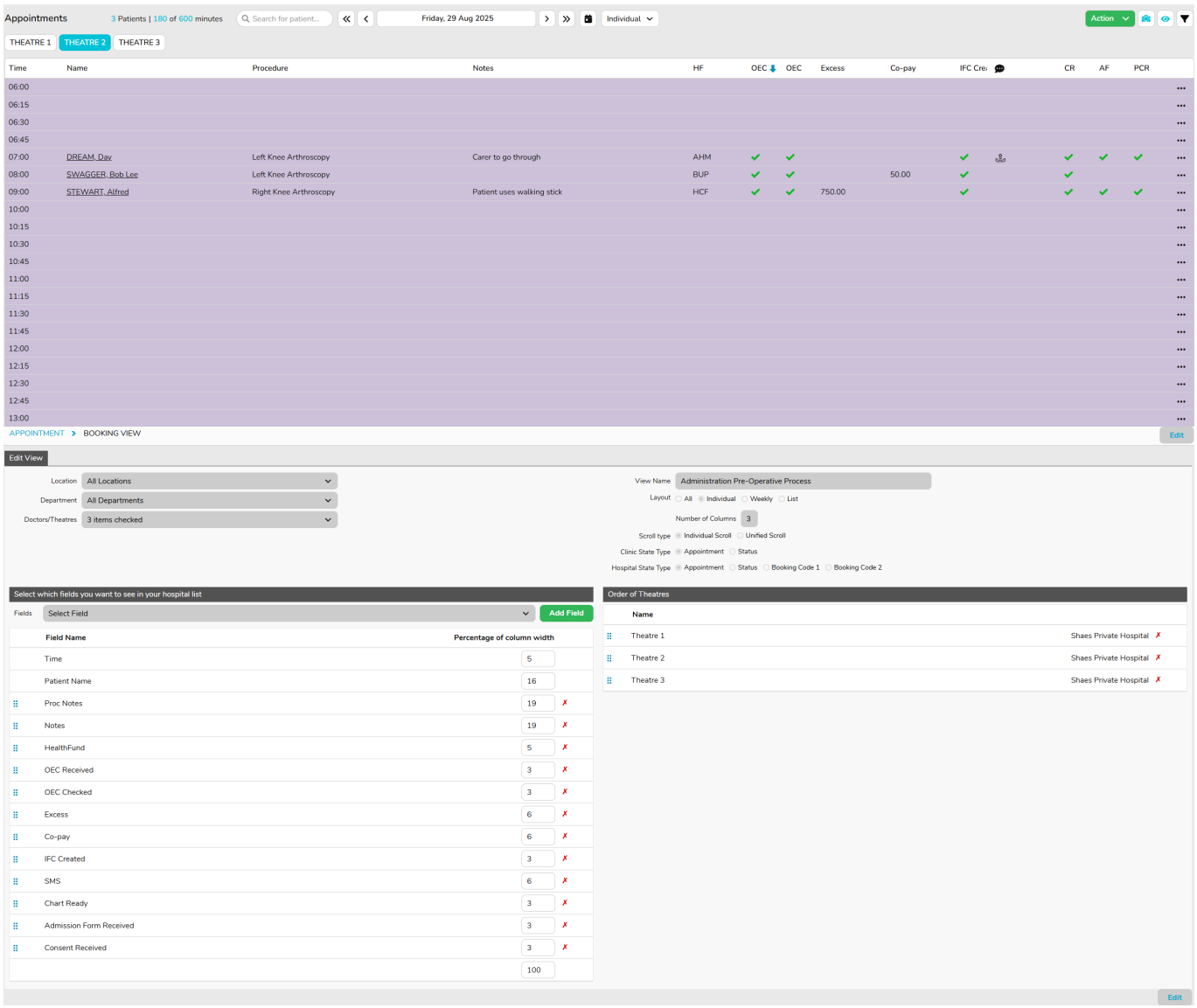

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# Hospital Appointment Screen Custom Views – Individual View

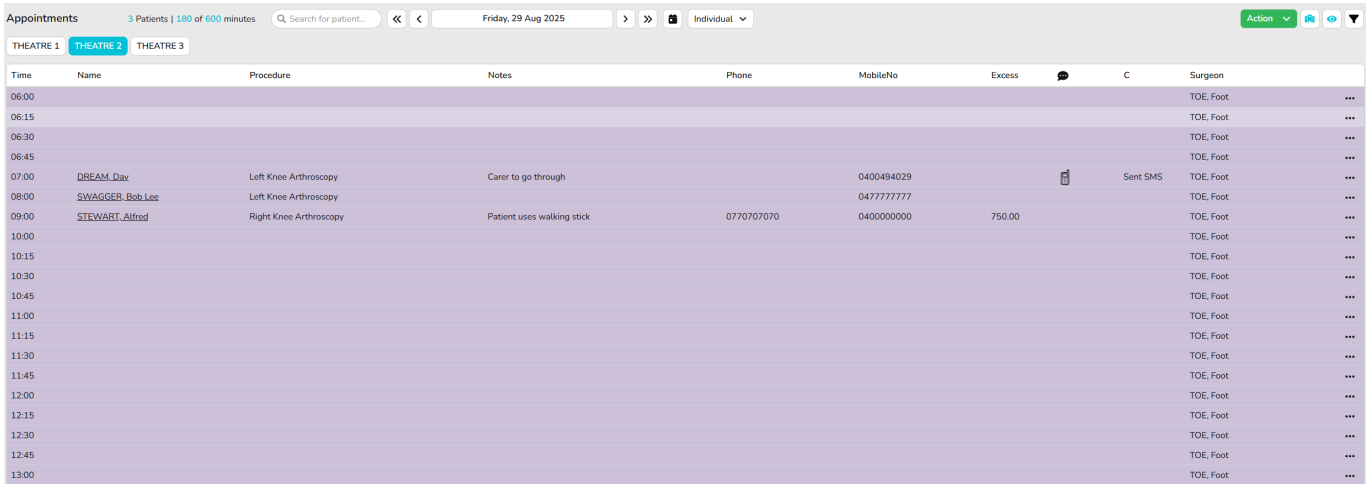
**FYDO gives users the ability to customise the Appointments Screen to allow them to view the information that is important to their role. This assists in workflow & efficiency & allows users to view different information depending on the task that they are undertaking.**
**All custom views that are 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**

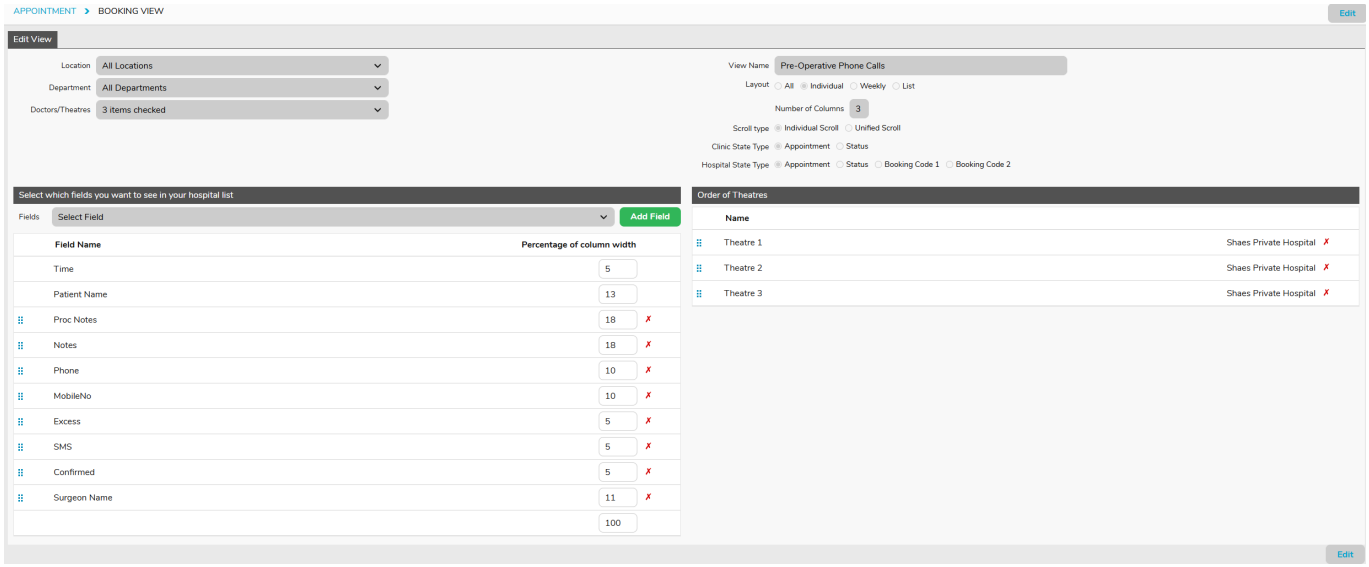
Included below are examples of **Individual View** ideas. Please see our other pages on **All & Weekly View** ideas for those view types.

# Administration Pre-Operative Process

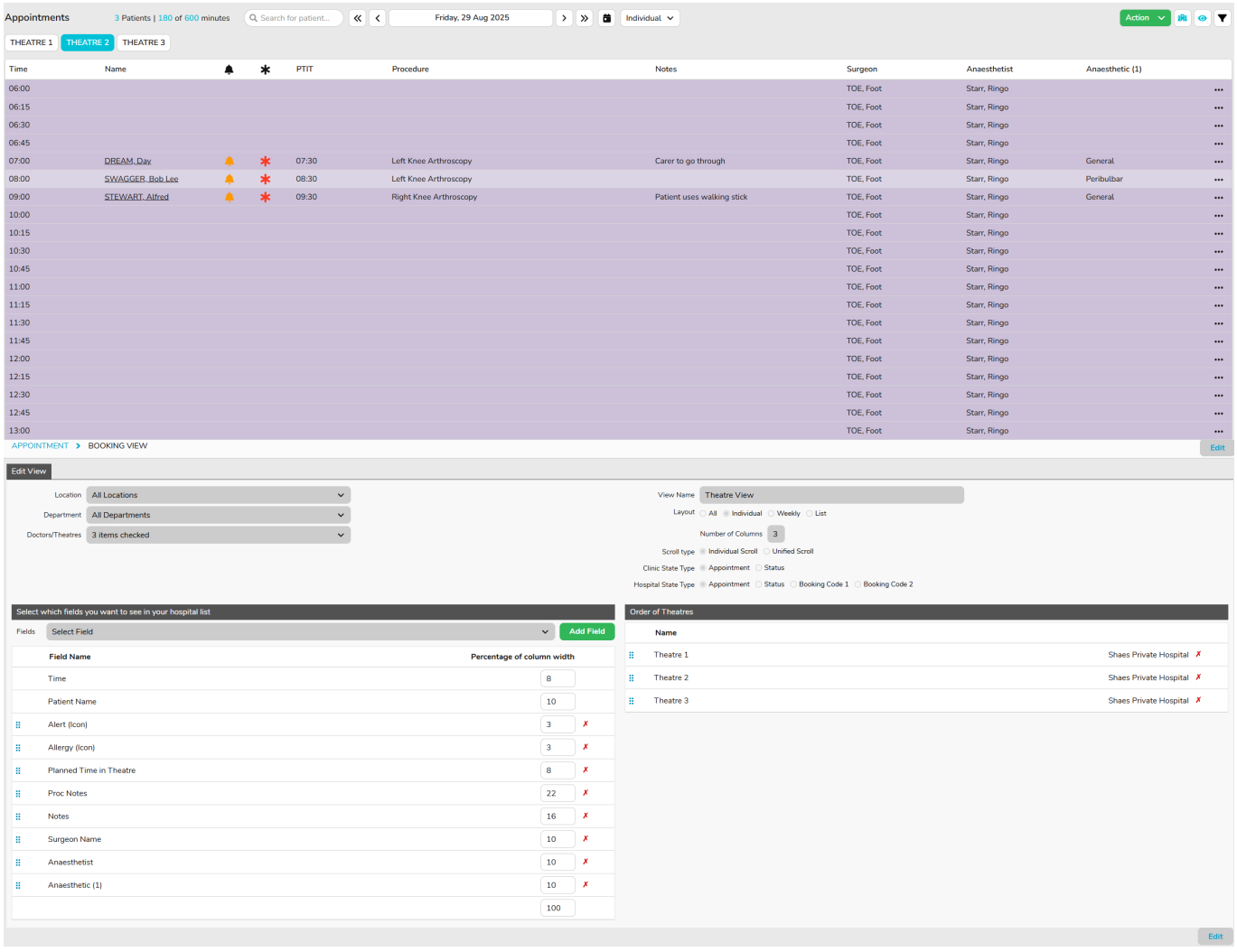



# Pre-Operative Phone Calls View

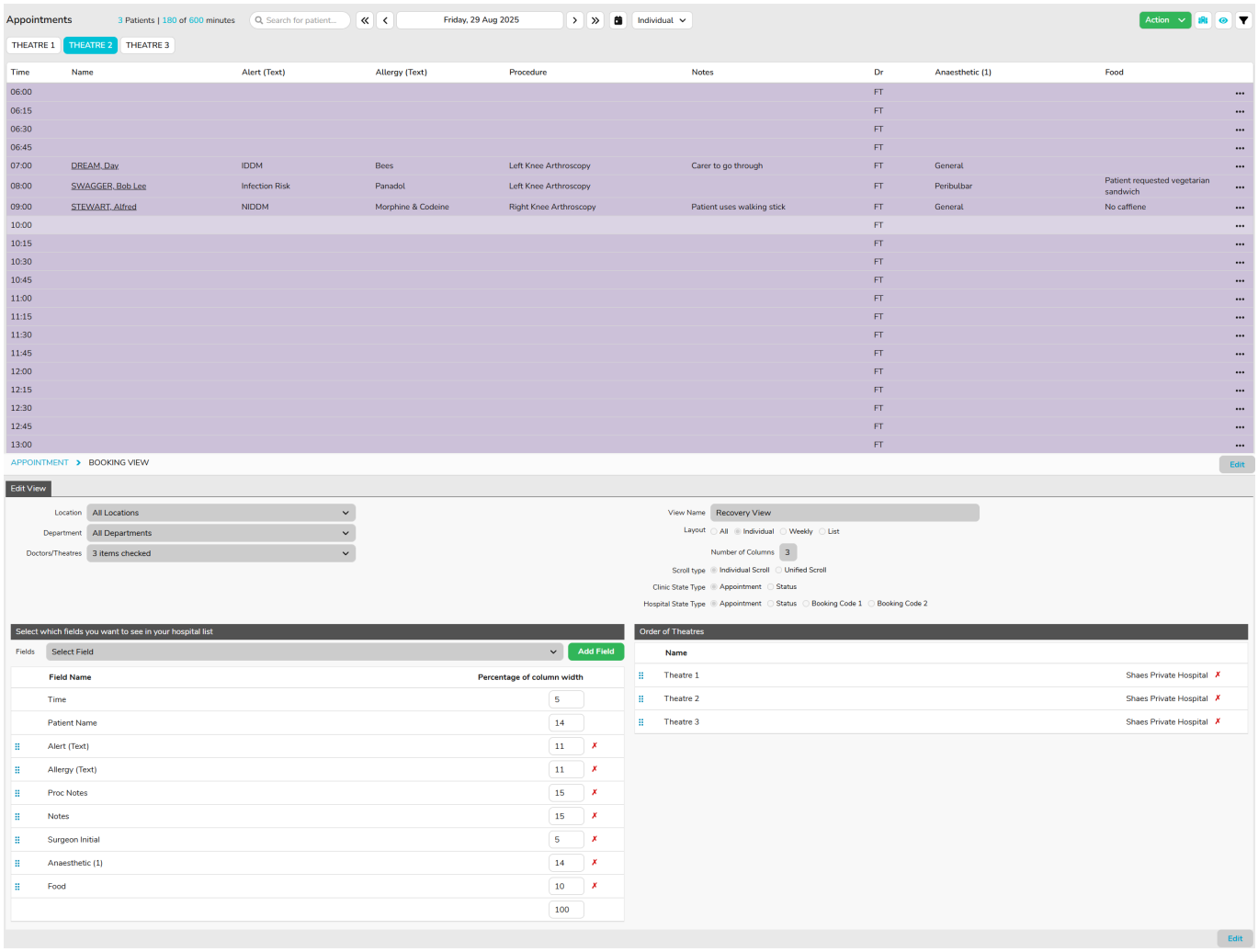




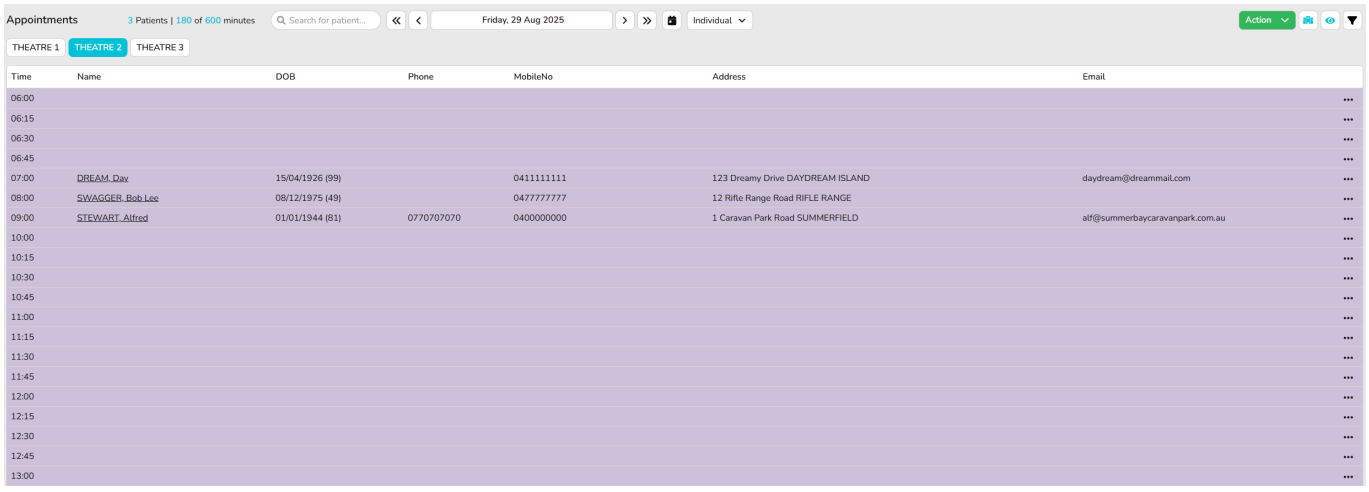

# Theatre View

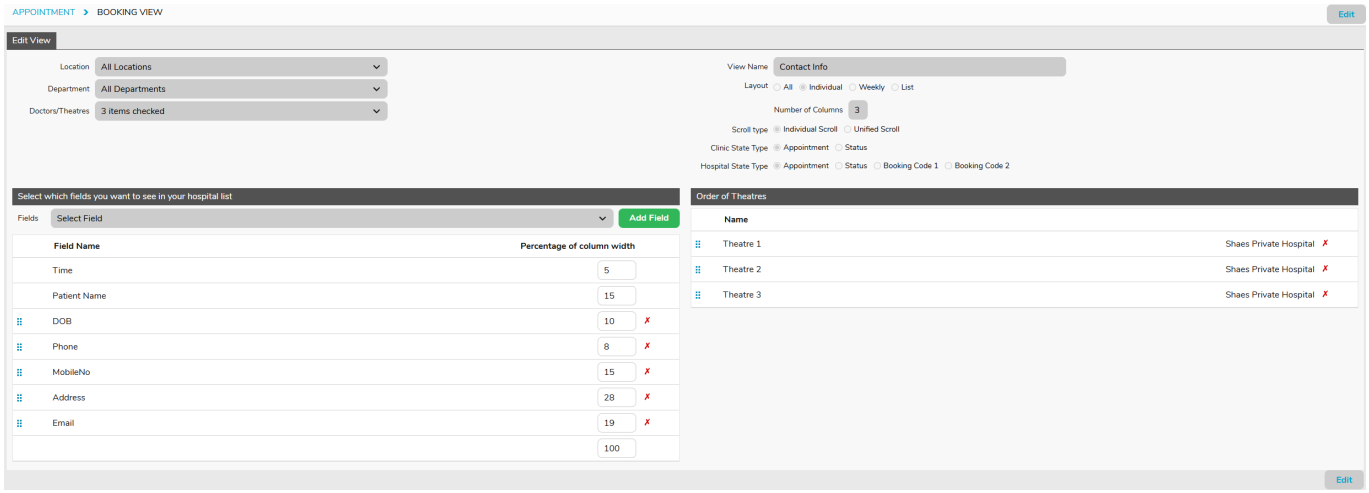



# Recovery View

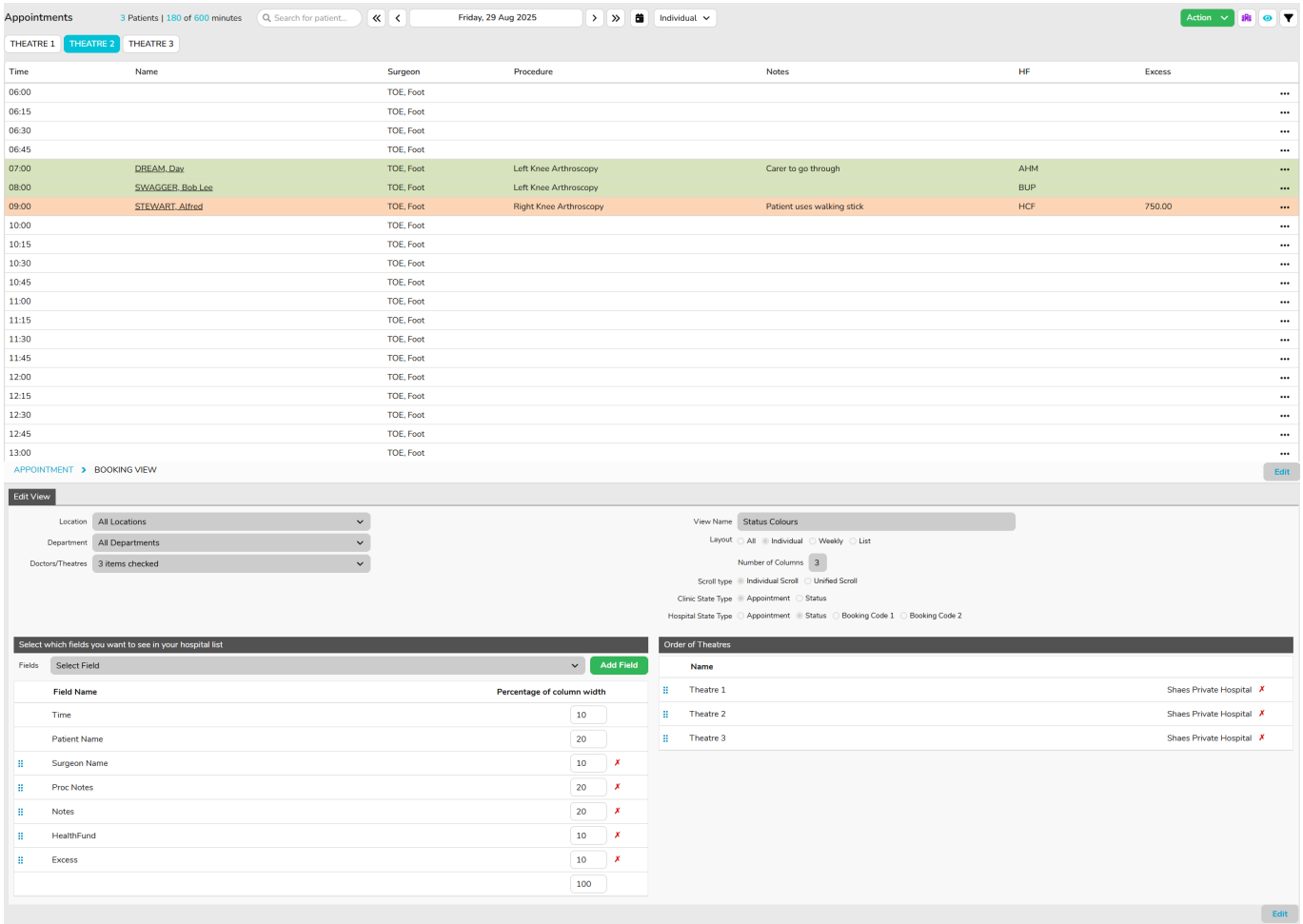



# Patient Contact Information View

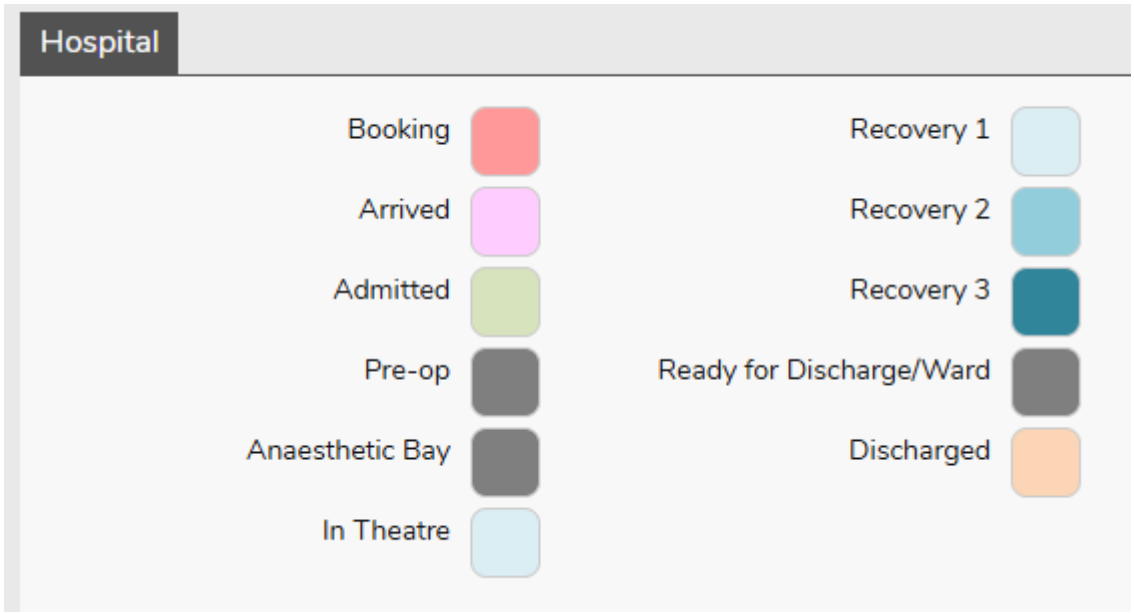




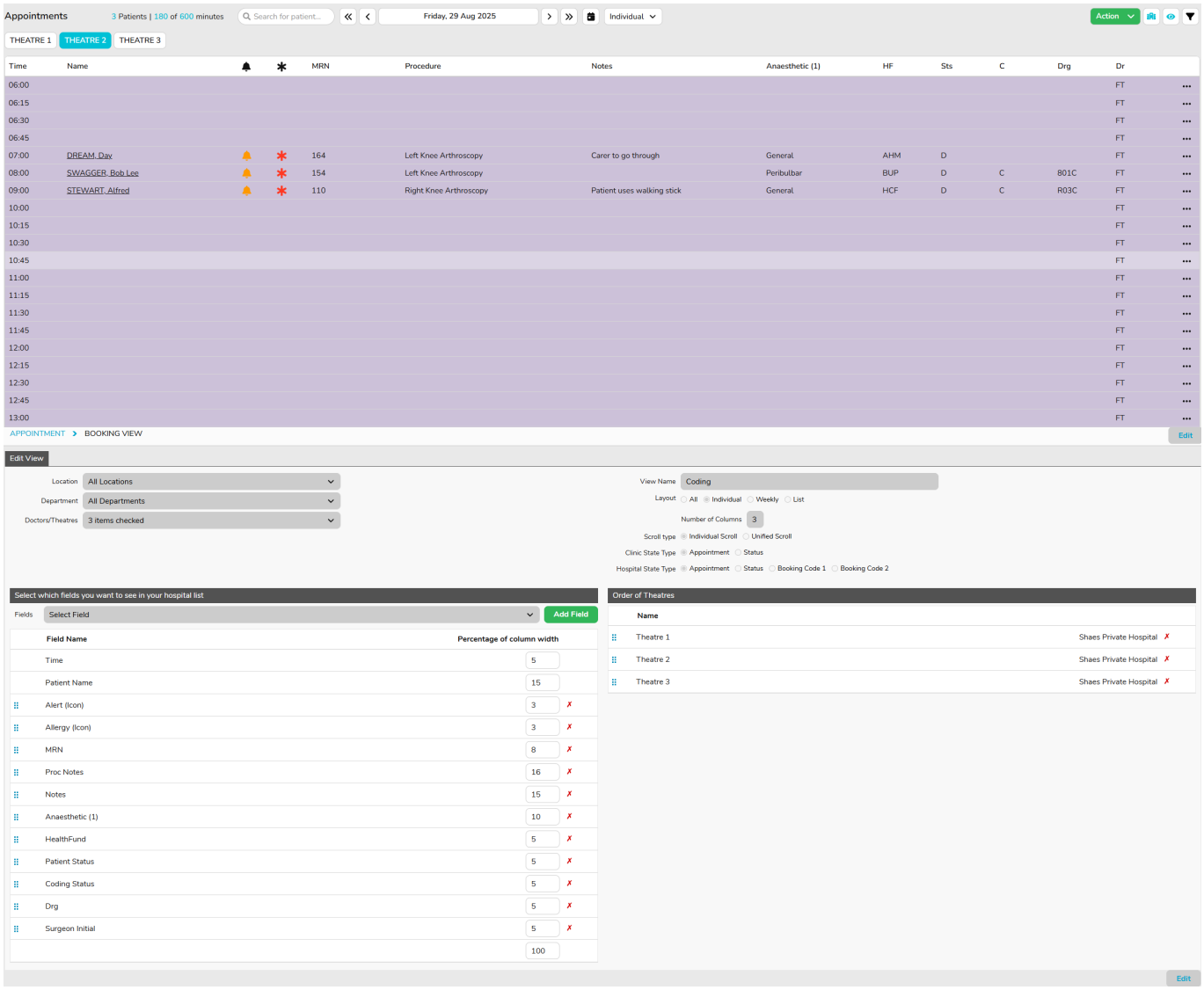

# Status View



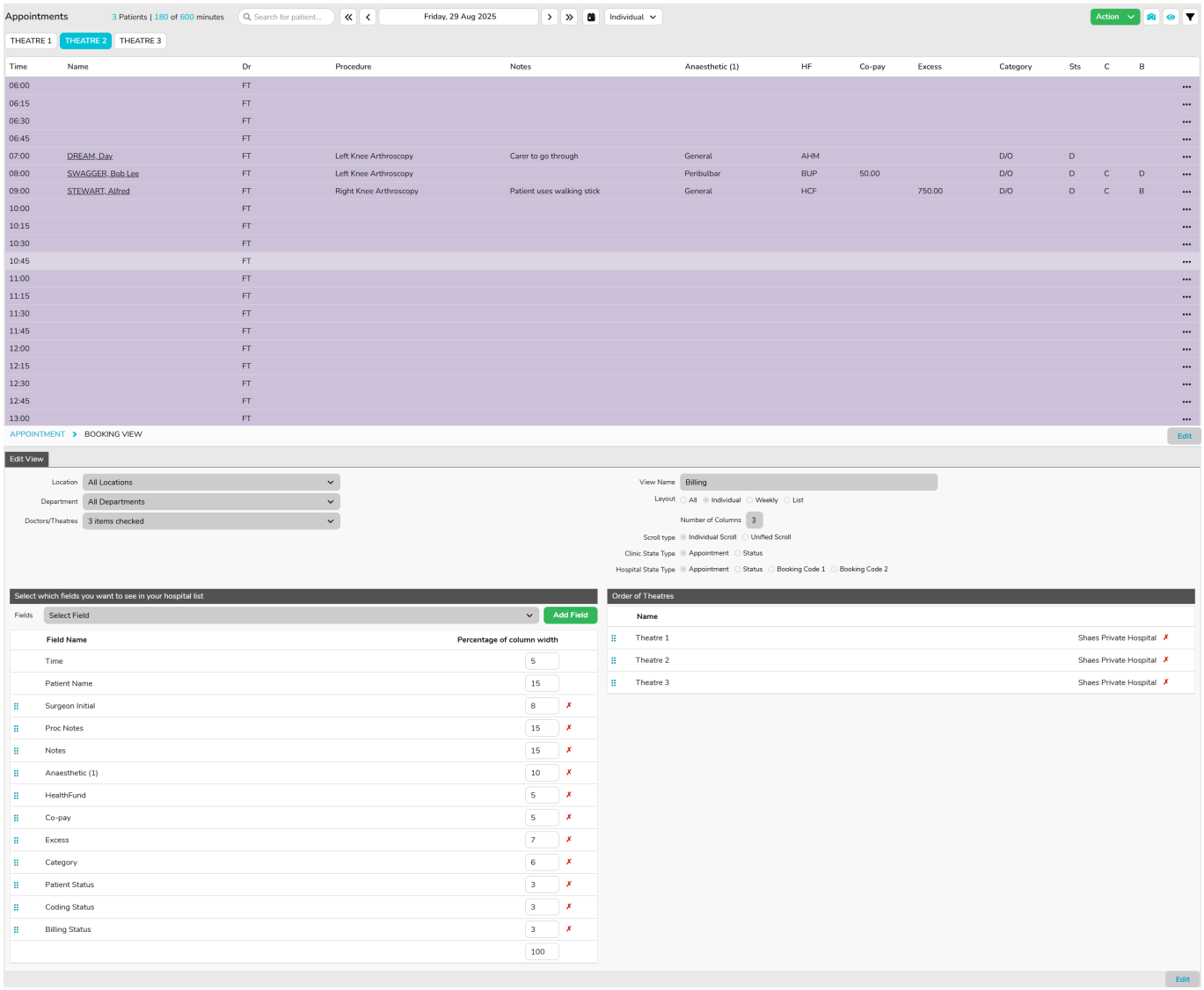

In addition to creating the Status Custom View the user will need to ensure the desired colours are set up in
**Settings > System Configuration > Hospital.**




# Coding View

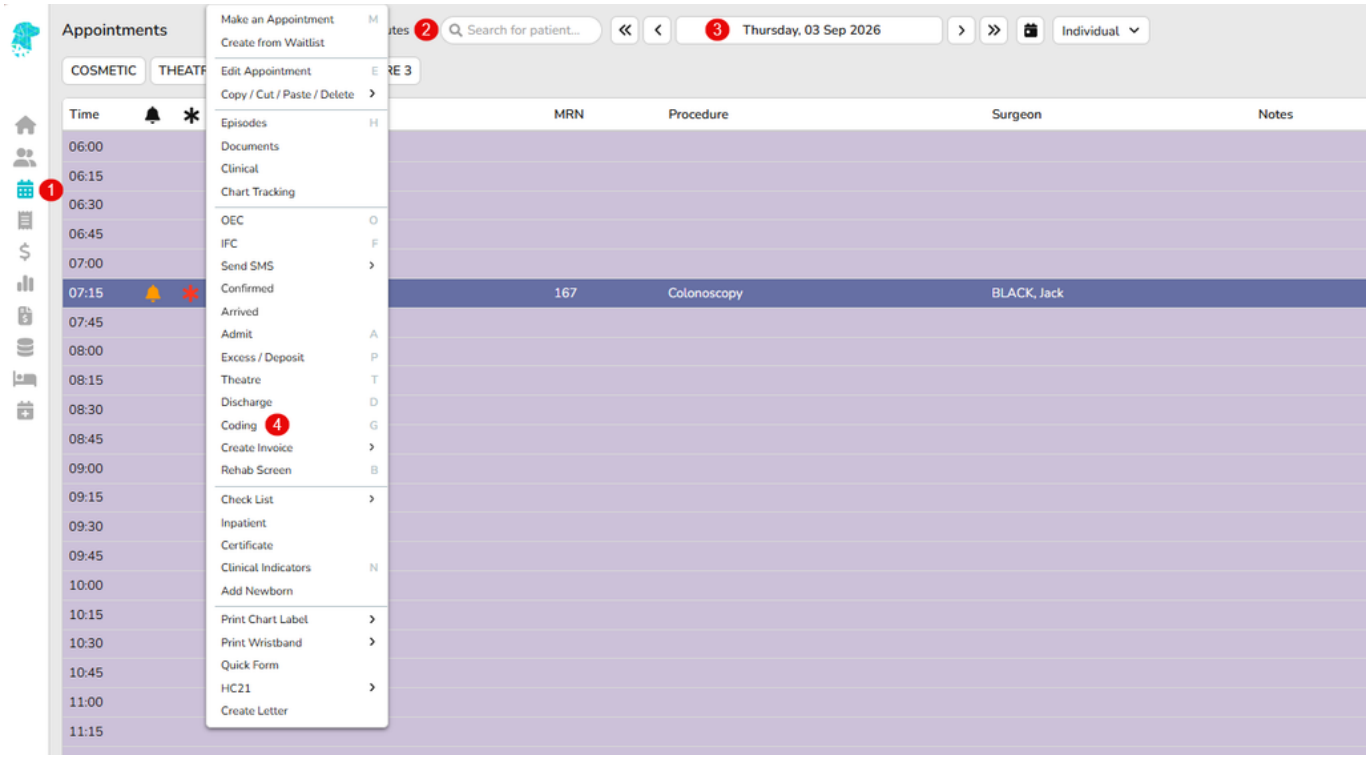



# Billing View

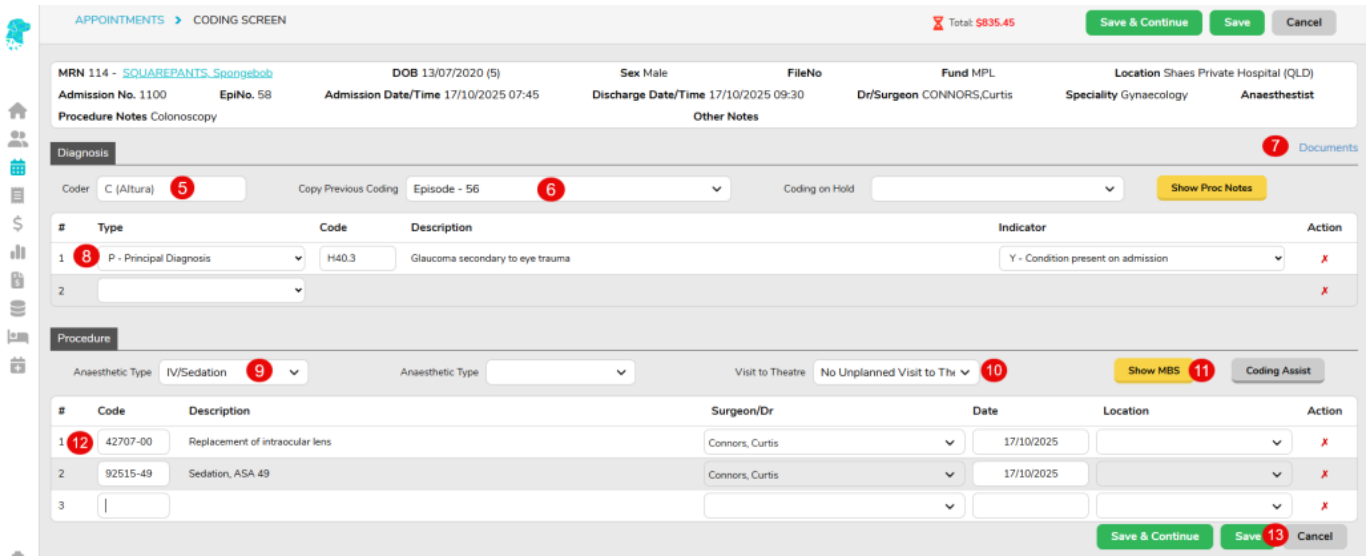



# Hospital Coding

**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.**

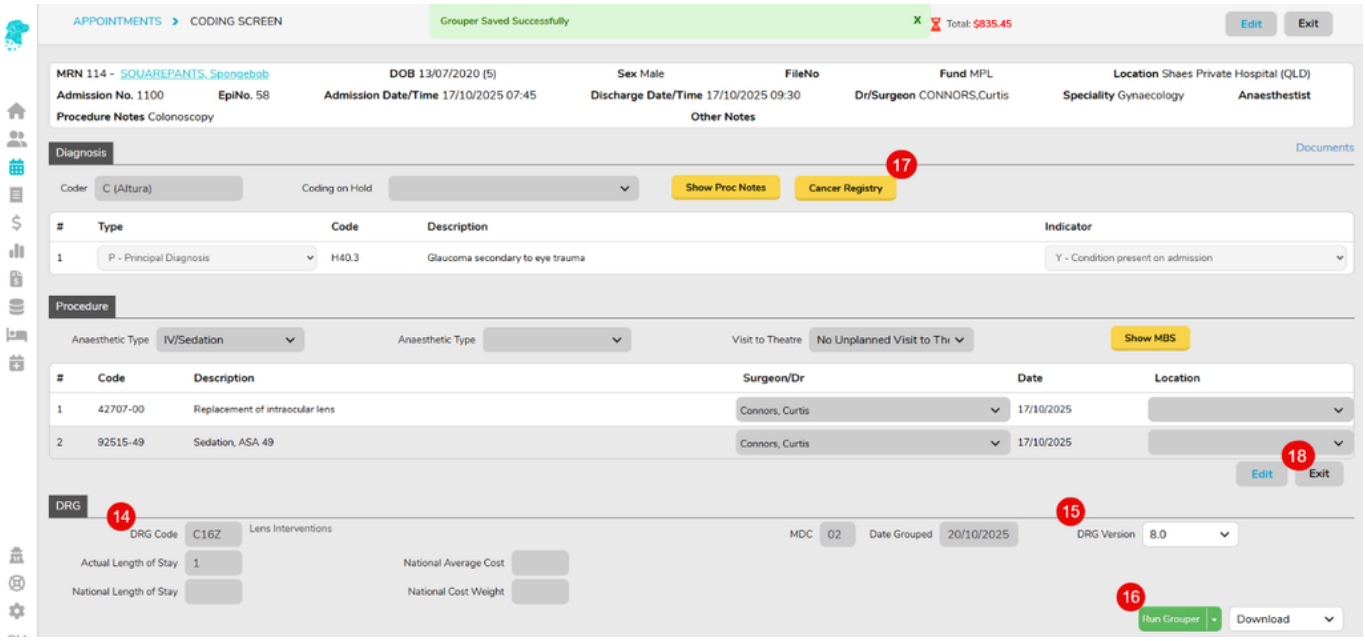



1. The Coding Screen can be located by navigating to the **Appointments Screen**
2. Use the **Search** feature to find a specific patient *or*
3. Use the **Calendar** to view a specific date
4. Once the episode has been located, use the **Right-Click Menu** to select **Coding** *(Or use the Fast Key '**g**')*

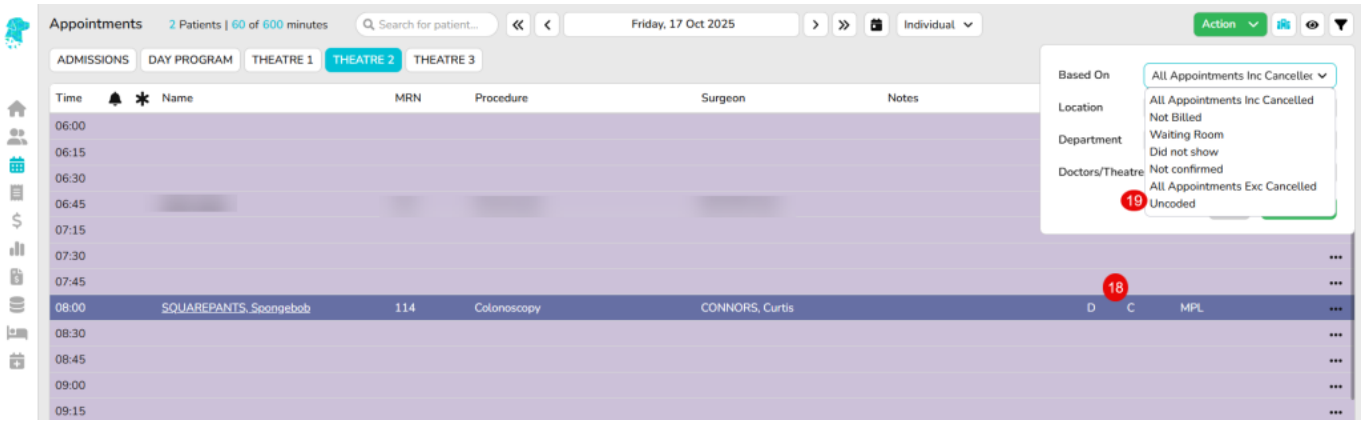



5. The **Coder** field will automatically populate with the current user's name
6. **Copy Previous Coding** will populate all fields according to a previous admission *(This feature is especially handy when a patient has reoccurring admissions for the same procedure)*
7. **Documents** will open a new tab, allowing the user to view scanned documents while coding. **EMR** will also be displayed here if the facility has one linked.
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**. Or utilise the **Save & Continue** button thorough the coding process to save the progress as you go along.




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. If required, you can then select **Cancer Registry** and enter all applicable details.
18. 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