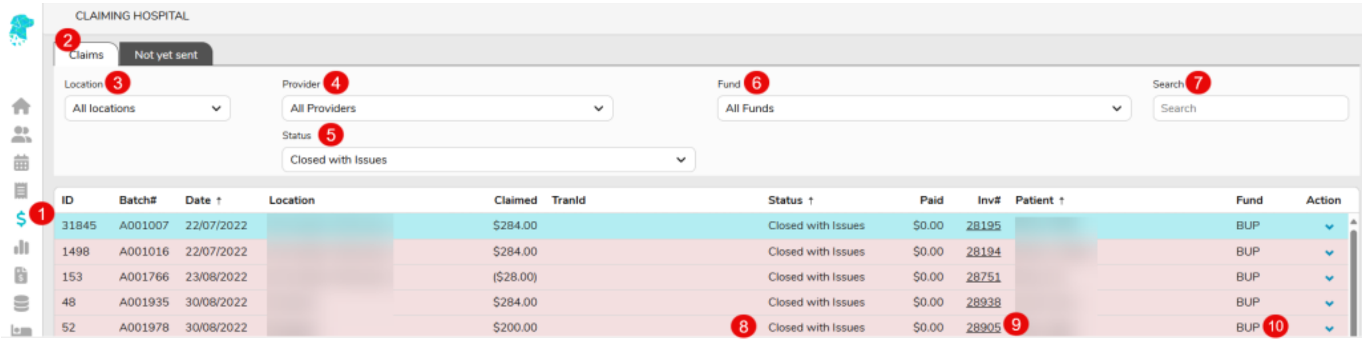
Claiming Hospital – Claims

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