

# 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](#)

The screenshot shows the 'CLAIMING HOSPITAL' interface with the 'Not yet sent' tab selected. The interface includes filters for Location, Type, Status, Fund, Coding, and DRG. A table lists claims with columns for Adm Date, Inv#, Invoiced, Fund, Fund Name, Patient, Claimed, Location, Type, Coding, Status, and Action. Claims are marked as 'Not Ready' or 'Ready'.

Adm Date	Inv#	Invoiced	Fund	Fund Name	Patient	Claimed	Location	Type	Coding	Status	Action
19/04/2023		20/04/2023	AHM	Australian Health Management		\$559.00		ECLIPSE		Not Ready	
02/05/2023		03/05/2023	AHM	Australian Health Management		\$1,732.00		ECLIPSE		Not Ready	
24/04/2023		27/04/2023	AHM	Australian Health Management		\$337.00		ECLIPSE		Not Ready	
14/04/2023		18/04/2023	AHM	Australian Health Management		(\$41.01)		ECLIPSE		Not Ready	
14/04/2023		18/04/2023	AHM	Australian Health Management		\$913.00		ECLIPSE		Not Ready	
05/05/2023		09/05/2023	AHM	Australian Health Management		\$266.00		ECLIPSE		Not Ready	
18/04/2023		20/04/2023	AHM	Australian Health Management		\$0.00		ECLIPSE		Not Ready	
20/04/2023		21/04/2023	AHM	Australian Health Management		\$1,113.00		ECLIPSE		Ready	
12/04/2023		19/04/2023	AHM	Australian Health Management		\$0.00		ECLIPSE		Ready	

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.