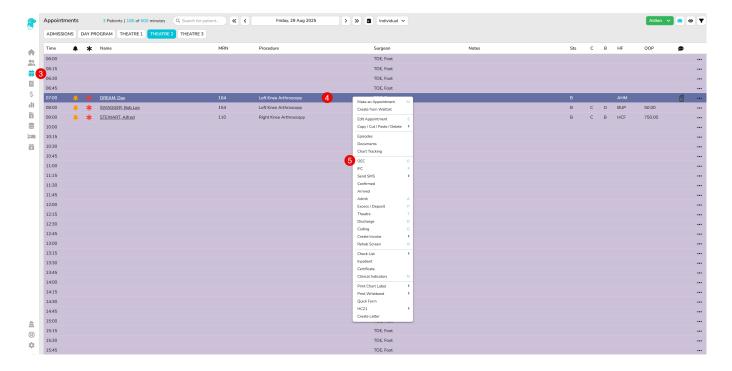
## **Online Eligibility Check - OEC (Hospital)**

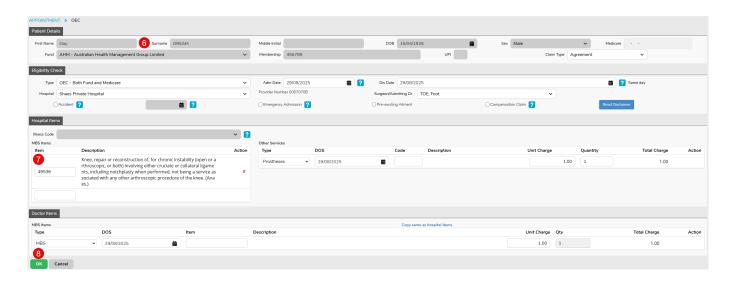
## Performing an eligibility check with the patients' health fund to ensure they will be covered for their admission

- 1. Running an OEC from a booking ensures that all the episode information is carried into the OEC (see "Making a Patient Booking" instructions to make an appointment). OEC's can be done from the patient screen, however this will require more information to be entered & the excess & co-payment will not pre-populate as the OEC isn't linked to a particular episode.
- 2. It is also advised that the Online Patient Verification (OPV) be performed before the OEC (see "OPV" instructions)
- 3. Navigate to the Appointments screen and locate the patient you wish to perform the eligibility check for
- 4. Right click on the patient to expand the menu
- 5. Select **OEC**

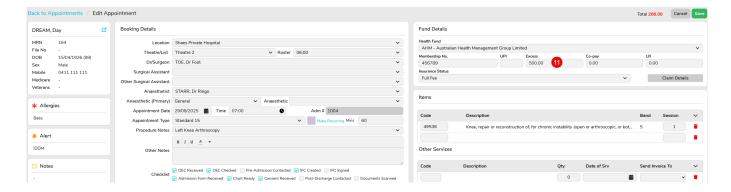


- 6. The OEC screen will open & the patient & appointment details will be populated with the information already entered into the system
- 7. If you have entered the predicted item numbers, when booking the patient, they will be carried over into the OEC screen & you will not need to enter them again. For procedures that do not have a specific MBS (e.g. dental procedures) ensure any fund specific items are removed, and the **Illness Code** field is then activated to allow checks to be performed for particular procedure types.
- 8. Click OK and a check will be performed on each item number that is entered. The check will be saved in the patient's **Documents**, when it is returned by the health fund, where it can be previewed & printed if required
- 9. Click **OK and Print** to have the health fund check appear on the screen to preview straight away & print if required. (*NB this function will only work if the health fund returns the*

information in a timely manner. Otherwise, it will be filed in the patients' Documents when it is returned)



- 10. Information returned will include:
  - a. Patient Information
  - b. Assessment & Explanation
  - c. Admission details as entered to perform check
  - d. Financial Status of the cover
  - e. Pre-Existing status of the cover
  - f. Illness code/Item number that check was performed for
  - g. Excess amount
  - h. Co-Payment amount
  - i. Level of cover name
  - j. Level of cover description
  - k. Benefit limitations
  - l. Exclusions
- 11. Excess amount & Co-Payment amount will automatically populate in the patient appointment, as long as it has been returned in the correct format from the health fund. If the information hasn't automatically populated, & needs to be manually entered, this can be done by:
  - a. Selecting the required booking
  - b. Right click & select Edit Episode
  - c. Fill in the required amounts in the Excess & Co-Pay fields in the top right of the screen
  - d. Click Save



12. Carefully read all information returned by the fund to determine eligibility for admission. Including descriptions, benefit limitations & exclusions