

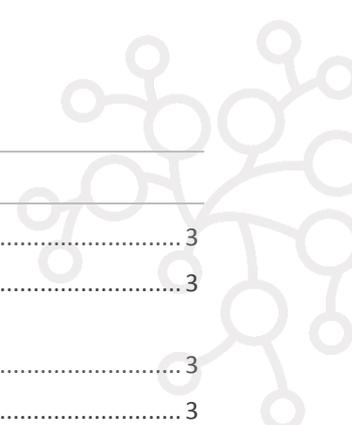


MedicalDirector

BLUECHIP

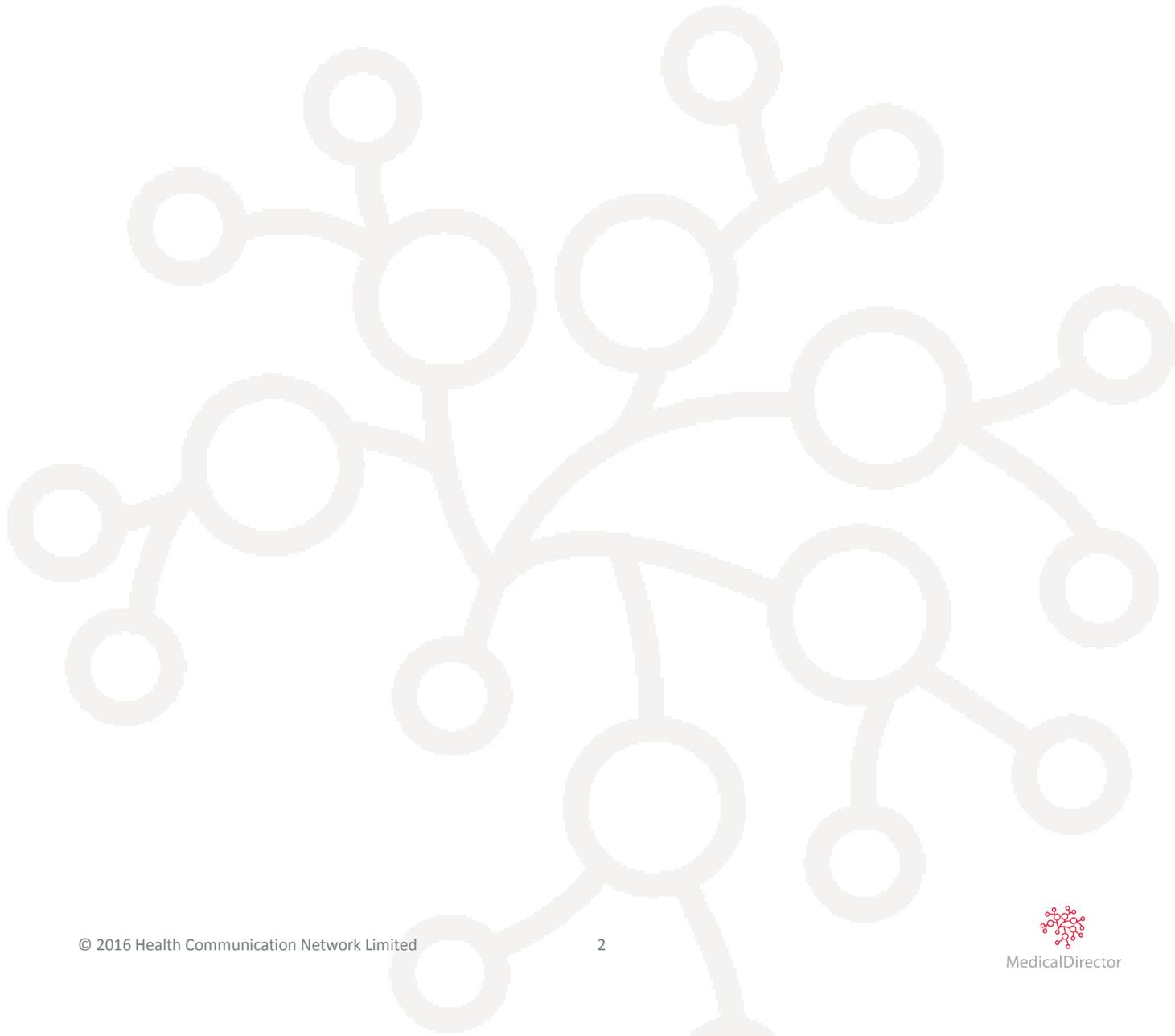
Bulk Bill Claiming
with MedicalDirector Blue Chip





Contents

Bulk Bill Claiming with MedicalDirector Blue Chip	3
Overview	3
Step 1 - Patient Details	3
Overview	3
Procedure	3
Step 2 – Create Bulk Bill Account and Bulk Bill Claim	4
Overview	4
Procedure	4
Batch Bulk Bill Claim (without TYRO) to Medicare	7
Overview	7
Procedure	8
Bulk Bill & Easyclaim Reports.....	9
Overview	9



Bulk Bill Claiming with MedicalDirector Blue Chip

Overview

Bulk Bill Claims are streamlined, paperless, electronic claims to Medicare. A Patient's Medicare card details and Doctor's Referral must be recorded within the Patient Details window, for verification purposes, and to assist with the Bulk Bill claim to Medicare.

This section provides the steps to record, invoice, and batch Bulk Bill Claims. The following steps are required:

1. Add Medicare details and Doctors Referral to the Patient Details window
2. Create a Bulk Bill Account and issue the Bulk Bill Claim (invoice)
3. Batch Bulk Bill Claim to Medicare (Batch Bulk Bill & DVA Claims to Medicare procedure is located after DVA Claiming procedure).

Step 1 - Patient Details

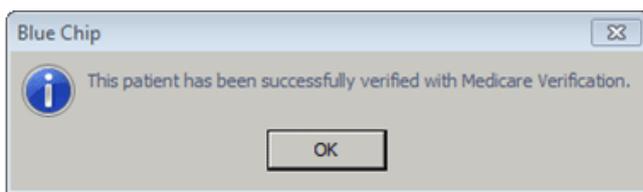
Overview

A Patient's Medicare card details and Doctor's Referral must be recorded within the Patient Details window; for verification purposes, and to assist with the Patient Claim to Medicare.

Procedure

1. Within MedicalDirector Blue Chip, open the patient's record. The **Patient Details** window appears. Locate the **Medicare** section. Enter the patient's **Medicare Card Number** and **Expiry Date**. This will automatically generate a **Ref** number – modify it if necessary.

2. Click **Verify with Medicare Australia...**
3. If the Patient's name (as recorded in MedicalDirector Blue Chip) differs to that as recorded with Medicare, a prompt appears confirming the difference in name. If this occurs;
 - Click **Yes** to update the information in MedicalDirector Blue Chip with that on the card.
 - Click **No** to leave the name in MedicalDirector Blue Chip as-is. This prompt will display for each verification.
4. Otherwise, you will be prompted with a successful verification.



5. Click **OK**
6. Ensure the **Doctor's Referral** is recorded in the Patient's record. Some Ramsay Departments do not require Referring Doctor details to submit the claim to Medicare; bypass this step.

Step 2 – Create Bulk Bill Account and Bulk Bill Claim

Overview

Bulk Bill Account is required to bill the claim for the Medicare Bulk Bill Patient. This verifies Medicare details and fees with Medicare when billing the claim.

Procedure

1. Within the **Patient Details** window, select the **Accounts** margin menu, and then locate an existing **Bulk Bill** account.
 - If one exists; **double-click** it to open it.
 - If one does not exist; create a new account by clicking **Create new account...**
2. The **New Account** window appears. Select the required Practitioner, and Class of 'Bulk Bill'.

The 'New Account' dialog box contains the following information:

- Patient:** Julie Andrews
- Banked to:** Practitioner: Dr B Ayers - CN, Provider no.: 2122361B, Account: St Leonards
- Class:** Online BB
- Issue to:** Medicare Australia Direct Bill
- Account ref:** 151

3. Click **OK**. The **Account Details** window appears. Ensure the correct **Practitioner** and **Class (Bulk Bill)** has been selected.

The 'Account Details' dialog box contains the following information:

- Account Description:** Online BB account with Dr Bevan Ayers, Issued to Medicare Australia Direct Bill, 0.00
- Acct ref:** 151
- Status:** Normal
- Buttons:** OK, Cancel, Reset balance, Addressee..., Delete
- Contacts:** Next of Kin (empty field)
- Other details:** Pension Card (empty field), Expiry Date (empty field)

Note: If either the Practitioner or Class has been selected incorrectly, click **Cancel** to display the new account screen again for correct selection.

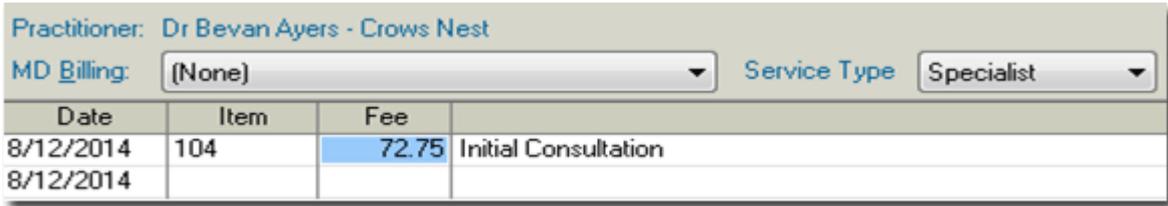
4. Click **OK**. The new Bulk Bill account is added to the list of accounts in the Patient's Record. Double-click the account or select it and click **Open existing account** to open the account.
5. Click **New Invoice** to begin issuing a new invoice.



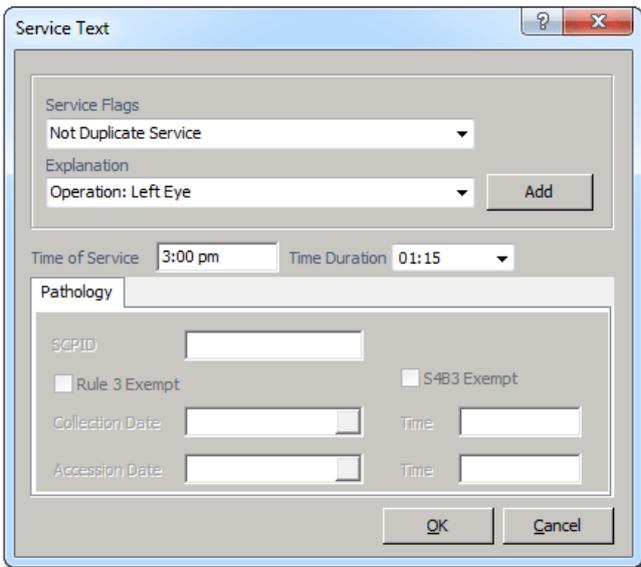
6. The **Medicare Verification** prompt appears.
 - Click **OK** if verification is required.
 - Click **Ignore** if already verified.



7. Select the **Service Type** if required. There will be multiple service types *only* if you have pre-configured this.

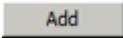
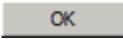


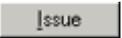
8. Enter the appropriate **Service Date** and **Item Number** as desired. A Service Item's fee will appear automatically. Ensure the fee is correct.
9. Tab to the **Service Text** field, and **double-click** in the field to reveal the **...** button. Click the icon to add text for Medicare if required, and then click **OK**.

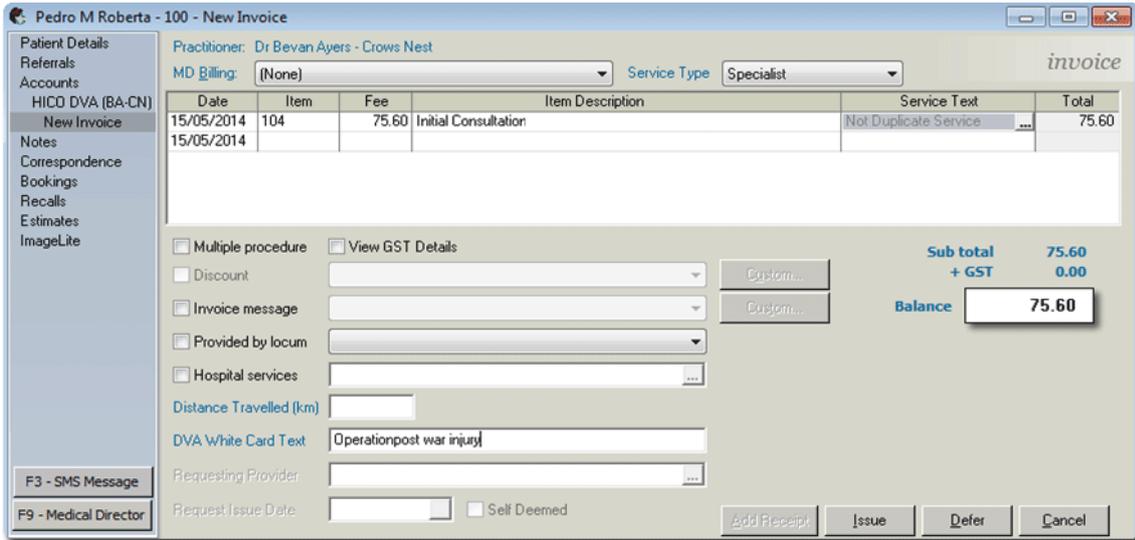


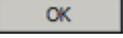
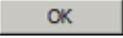
10. Select the appropriate **Service Flag** from the drop down menu.



11. Select the appropriate **Explanation** from the drop down menu. If the explanation you wish to select does not exist, enter it manually;
 - If the explanation is a once-off, tab to the next required field, or
 - If you wish to save this explanation to use again at a later time, click 
12. Enter **Time of Service, Time Duration** if required, and then click 

Repeat steps 8 – 12 if additional Service Items are required on the invoice.
13. On the **New Invoice** window; click 



14. When prompted; select the associated **Referral**, or if a referral is not required select the appropriate **Hospital/ No Referral/Not Applicable**, and then click .
15. You will be prompted to enter the **date-of-issue** for the invoice. The default is the current date. Click . The TYRO Terminal (Easyclaim) process commences.

Import Note: If your Practice does not have a TYRO Terminal, the Bulk Bill Claim has now transferred to the Medicare module to be manually-batched to Medicare. Disregard Steps 16 to 18.

16. On the **TYRO Terminal**, you will be prompted to accept the claim. **Accept Claim** to continue.

Note: The total amount displayed in the Patient Easyclaim window is an estimate of the benefit only. Medicare may adjust the benefit payable in accordance with the rule set out in the Medicare Benefits Schedule.

17. On the **TYRO Terminal**, the **Patient** is prompted to assign their right to the benefit to the Practice by pressing **Yes**.



18. Once the patient has assigned the right to benefit, the claim will be processed, and if successful is submitted to Medicare. You will have the option to print the submitted claim for the Practice. The TYRO Easyclaim is also transferred to the Medicare Australia module awaiting payment.



Batch Bulk Bill Claim (without TYRO) to Medicare

Overview

When Bulk Bill claims (without TYRO) are invoiced within the patient's account, the claim transfers to the **Medicare Australia** module. To access, open the **Practice Explorer**, and from the margin menu select **Medicare Australia**.

Due to the claims having not yet been submitted, they are not displayed on the main Medicare window. The New Batch selection holds the claims not yet batched, unprocessed, resubmitted either being looked into or ready to action (red in colour).

You can view claims associated with individual practitioner or all practitioners. You can examine claims within a specific **date range**, individual or all claim **types**, and indicate to display **finalised claims**. When changes are made to these options, ensure you click the **Refresh** button or the **Quick Refresh** check box is selected to auto-refresh the display. The **status** of claims determines the action required on the claim.

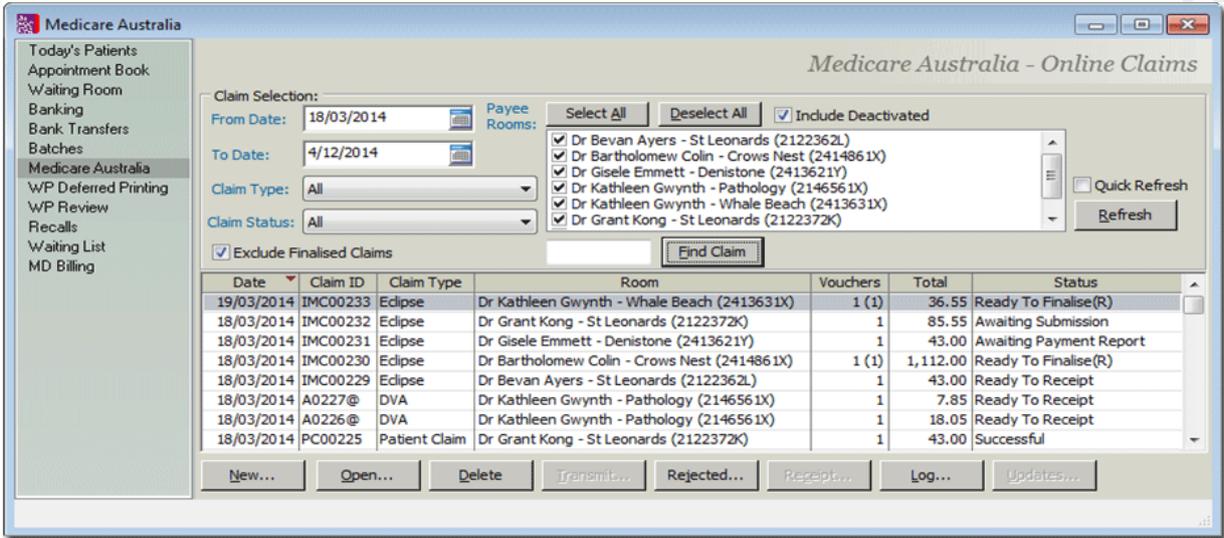
The following statuses will display once a Bulk Bill claim has been batched to Medicare:

Claim Status	Description and Action
Awaiting Submission	Claim is waiting to be sent to Medicare. Click on the Transmit button.
Awaiting Processing Report	Waiting for the processing report for the claim. It can take up to 3 business days to process. Click on the Transmit button to retrieve the process report.
Awaiting Authorisation	Claim requires to be authorized. Open the claim and send to Medicare from the edit screen.
Awaiting Payment Report	Claim has been successfully processed, however awaiting payment report. It can take up to 6 business days to process. Click on the Transmit button to retrieve the payment report.
Ready to Receipt	Claim has been successful in processing and payment with Medicare. It is ready to receipt. Reconciling with the Bank Statement and payment is recognized, click on the Receipt button. Once receipted; the receipt will generate to the Banking, EFTPOS, as a Direct Debit payment.
Rejected	Items within the claim have been rejected. Click on the Reject button to display the Medicare Error Code & Description, and to decide to resubmit or write off the claim

Note: For additional Medicare Australia claim statuses, refer to the **Help** file (F1) in MedicalDirector Blue Chip and search for "Medicare Claim Status".

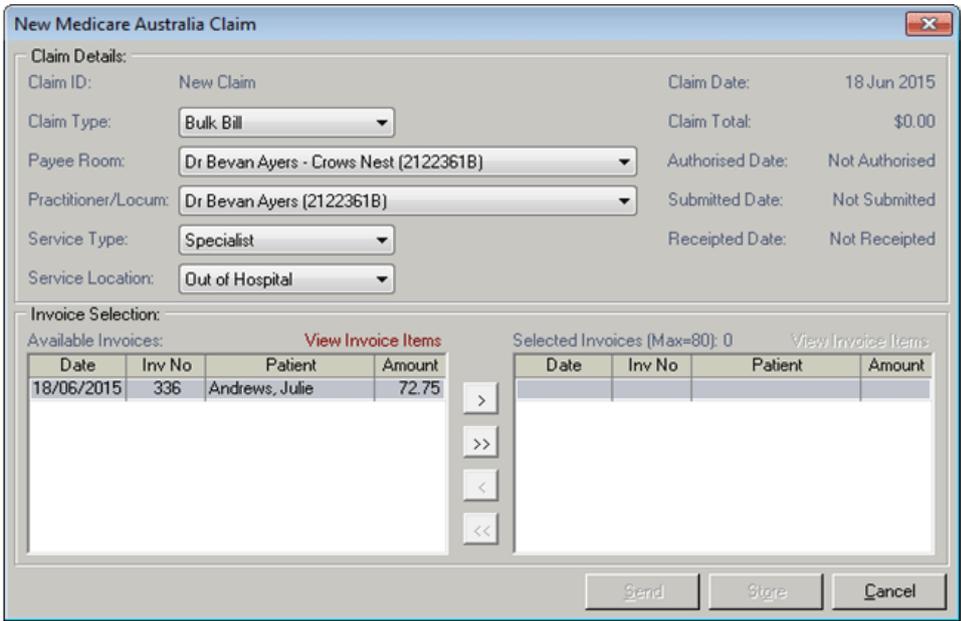
Procedure

1. From the **Practice Explorer** button on the lower-right hand side of the screen, select **Medicare Australian** from the margin menu.



2. Select **Practitioner**, **Claim Type** as **Bulk Bill** and **Date Range** if required. If not selected from this window, these options can be selected when sending the Bulk Bill or DVA batch (next step).

3. To batch the new Bulk Bill claims, click **New...**



- o The **Claim Type** defaults to **Bulk Bill**. Select the appropriate **Practitioner** and **Service Type** (if multiple are available), and **Service Location** if required.
4. Click the **>** icon to select a single claim, or the **>>** icon to select all claims. Ensure that the resubmitted claims (red in colour) are *not* included within the selected invoices to batch, if you are only batching new claims.

5. Click **Send** The **Claim Authorisation** window appears. Select the **Authorisation Method** if required, or click **OK** to process.

Medicare Australia Claim Authorisation - New Claim

Authorisation of a Claim must occur before storing or transmitting. The digital signature for the claim must correspond to the Doctor seeking the payment for the services or to the allocated location.

Authorisation Method: Location: BCP00000

Passphrase:

Practitioner Declaration: I have read and agree to the terms of the declaration **View...**

HCI Token: I have inserted the correct i-Key token into my computer.

OK **Cancel**

6. Once the batch has been sent to Medicare, the Medicare Claiming window now displays the batch, along with a status of **'Awaiting Process Report'**.

Note: To ensure all online claims have been batched to Medicare, refer to the **Unclaimed Invoice Report**. This report lists any issued invoices/claims that have not yet been submitted or batched to Medicare per Practitioner To access the report; either click the button, or select **Reports > Audit Trail Reports Printer > Unclaimed Invoices Report**.

Bulk Bill & Easyclaim Reports

Overview

MedicalDirector Blue Chip provides many Medicare Reports that can assist with claims and reconciling. Four reports as a quick reference to assist with Bulk Bill Claims and Bulk Bill Easyclaims are:

- **Debtor Detail Report:** provides a summary and detailed breakdown of patient account balances by duration of time (ageing). This will generate the outstanding debit for Bulk Bill claim accounts
- **Medicare Processing Report (BB, DVA, BB Easyclaim):** provides a list of unprocessed and processed Bulk Bill claims. In the Medicare module; these are the Bulk Bill claims with the status Waiting Process Report, Waiting Payment Report, Ready to Receipt, Rejected and Finalised (Receipted), etc.
- **Medicare Claim Payment Report (Bulk Bill/DVA):** provides a summary and detailed list of processed Bulk Bill claims that generate the payment details via Medicare Online. This report can be used to reconcile the Practitioners bank statement. . In the Medicare module paid Bulk Bill claims generate the status Finalised (Receipted)
- **Medicare Easyclaim Payment Report:** provides a list of processed Bulk Bill Easyclaims that generate the payment details via Medicare Online. This report can be used to reconcile the Practitioners bank statement. In the Medicare module paid Bulk Bill Easyclaims generate the status Finalised (Receipted)

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