

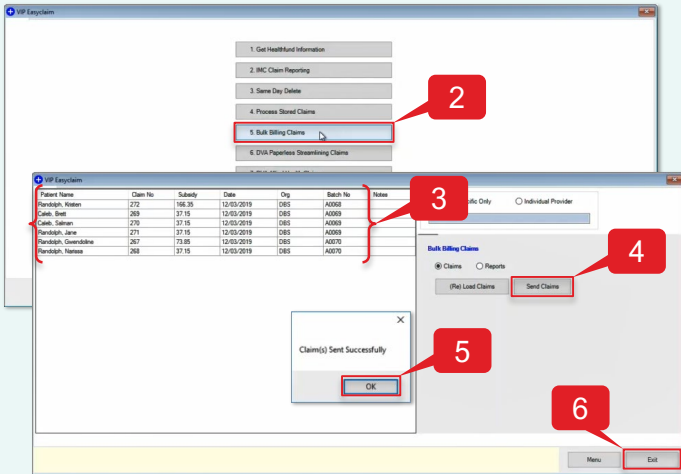


Online Medicare claiming



Sending Batches

Sending bulk billed batches using Medicare Online



To send a bulk billed batch via Medicare Online from the *Appointment Book*:

1. Click **medicare online claiming** icon from the task bar.
2. Click '5. Bulk Billing Claims' for Medicare batching.
3. **Review** batches to be sent (e.g., A0068, A0069 and A0070).
4. Click 'Send Claims'.
5. Click 'OK'.
6. Click 'Exit'.

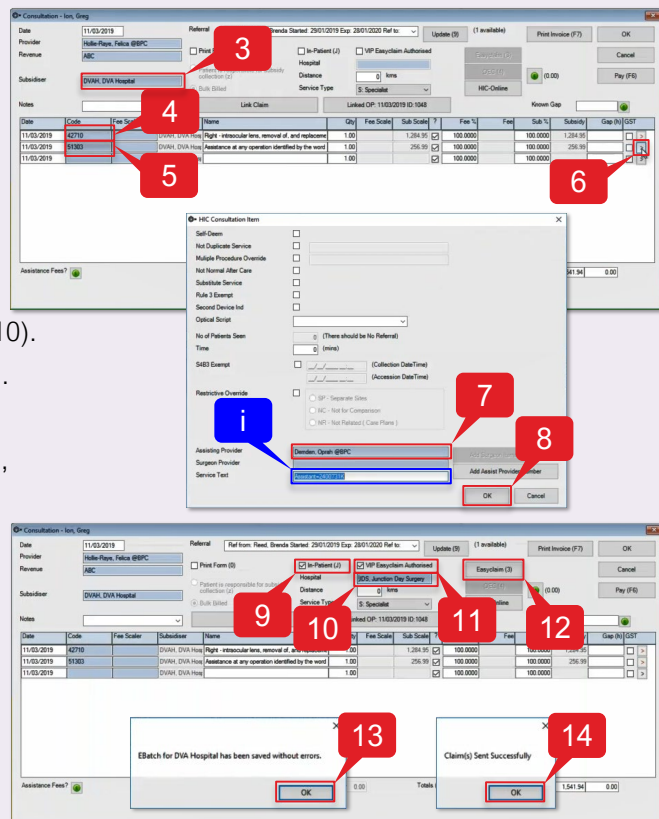
Sending Batches - DVA w/Assistance Item

Sending batches for DVA bulk billing with an Assistance Item

Note: The system will automatically create and send the batch at the time of billing.

To send a bulk billed batch for a surgical procedure with an assistance item via DVA from the *Appointment Book*:

1. **Select** the Patient you want to bill.
2. Click 'Consultation' icon from the task bar or **press 'F5'**.
3. Click in 'Subsidiser' field and **select 'DVA Hospital'**.
4. **Enter** the 'Code' for the procedure item(s) (e.g., 42710).
5. **Enter** the 'Code' for the assistance item (e.g., 51303).
6. Click '>' for the assistance item .
7. **Select** the 'Assisting Provider' (e.g., Demden, Oprah), then **press 'Tab'** to load the Provider number in the *Service Text* field (i).
8. Click 'OK'.
9. Tick 'In-Patient (J)' checkbox.
10. **Select 'Hospital'** (e.g., JDS, Junction Day Surgery).
11. Tick 'VIP Easyclaim Authorised' checkbox.
12. Click 'Easyclaim (3)' icon.
13. Click 'OK' (repeat for each item sent).
14. Click 'OK'.



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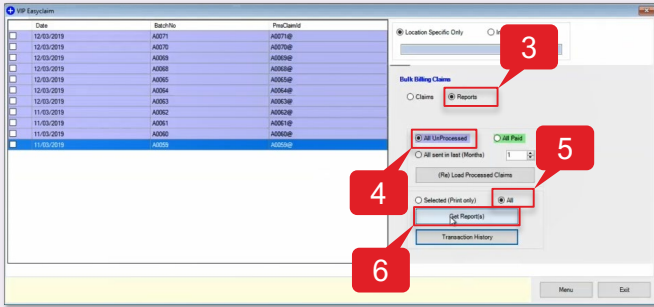




Online Medicare claiming

Bulk Bill Reports

Bulk Bill Process Report



To run the *Bulk Payment Process Report* and process sent Medicare batches:

1. Click icon from the task bar.
2. Click '5. Bulk Billing Claims' for Medicare reporting.
- Note:** Use '6. DVA Paperless Streamlining Claims' for DVA batch reporting.
3. Click 'Reports' radio button.
4. Click 'All UnProcessed' radio button.
5. Click 'All' radio button.
6. Click 'Get Report(s)' to reconcile processed Medicare or DVA claim batches.

Bulk Bill Process Report – Explanation Codes

Claim Num : A0071
 Claim Date : 12/03/2019
 Fyee Provider : Hollie-Baye, Felice, 24051818
 STATUS : 2023 : The report is not available yet or is no longer available:
 for retrieval

Date of Service	Item No	Charge Amount	Service Benefit Amount	Exp. Code	Medicare Card Flag	Service Id	Voucher Id	NoOfPatients Seen
		0	0					
Totals:		0	0					

Scenario 1 – Report not available (Status: 2023)
 The report is not available for this batch item because it has not been processed by Medicare yet (**Note:** Batches can take 2-3 days to be processed).

Claim Num : A0060
 Service Provider : Hollie-Baye, Felice
 Patient Name : CALEB BRETT
 Claim Date : 11/03/2019
 Provider Num : 24051818
 Medicare No : 3950097832-4

Date of Service	Item No	Charge Amount	Service Benefit Amount	Exp. Code	Medicare Card Flag	Service Id	Voucher Id	NoOfPatients Seen
06/03/2019	00105	36.55	37.15	255			0101	01
Totals:		36.55	37.15					

Explanation Code Explanation
 255 - Benefit assigned has been increased

Scenario 3 – Medicare rate increase (255)
 A benefit rate increase hasn't been updated in Bp VIP.net and Medicare has paid the *Service Benefit Amount* paid at the new (higher) rate.

Claim Num : A0061
 Service Provider : Danden, Oprah
 Patient Name : RANDOLPH KRISTEN
 Claim Date : 11/03/2019
 Provider Num : 2400781K
 Medicare No : 4950121642-3

Date of Service	Item No	Charge Amount	Service Benefit Amount	Exp. Code	Medicare Card Flag	Service Id	Voucher Id	NoOfPatients Seen
07/03/2019	00105	36.55	0.00	141			0101	01
Totals:		36.55	0.00					

Explanation Code Explanation
 141 - No benefit payable for service performed by this provider

Scenario 2 – Claim declined (141)
 In this example the claim has been declined because a provider who is a GP has been billed for a specialist consultation item (00105). The claim can be resubmitted once the provider has been changed.

Claim Num : A0062
 Service Provider : Hollie-Baye, Felice
 Patient Name : RANDOLPH GWENDOLINE
 Claim Date : 11/03/2019
 Provider Num : 24051818
 Medicare No : 4950121642-2

Date of Service	Item No	Charge Amount	Service Benefit Amount	Exp. Code	Medicare Card Flag	Service Id	Voucher Id	NoOfPatients Seen
17/01/2019	00104	109.15	110.75	642			0102	01
17/01/2019	00099	0.00	0.00	643			0101	01
Totals:		109.15	110.75					

Explanation Code Explanation
 642 - Benefit paid for derived and other item claimed
 643 - Derived item assessed with other item on statement

Scenario 4 – Combined items (642, 643)
 The *Service Benefit Amount* for the Telehealth consultation (00099) appears as 0.00 because the benefit amount paid has been added to the Consultation item (00104) on the statement. **Note:** Benefit amount paid includes Medicare rate increase.

Payment Report

Bulk Bill Payment Report

When you close the *Bulk Bill Process Report*, the *Bulk Bill Payment Report* will automatically come up. This provides a summary of the batches paid and can be used to compare the *Claim Charge Amount* with the *Claim Benefit Paid*.

BULK BILL PAYMENT REPORT			
Report Date: 12/3/2019			
BSB Code	: 801009	Bank Account Num	: 5648919
Bank Account Name	: TEST ACCOUNT	Deposit Amount	: 369.90
PaymentRunDate	: 12/03/2019	Payment RunNum	: 0032
Pms Claim ID	Date of Transmission	Claim Charge Amount	Claim Benefit Paid
A00598	11/03/2019	109.30	111.00
A00608	11/03/2019	145.85	148.15
A00628	11/03/2019	109.15	110.75
Totals :		364.30	369.90