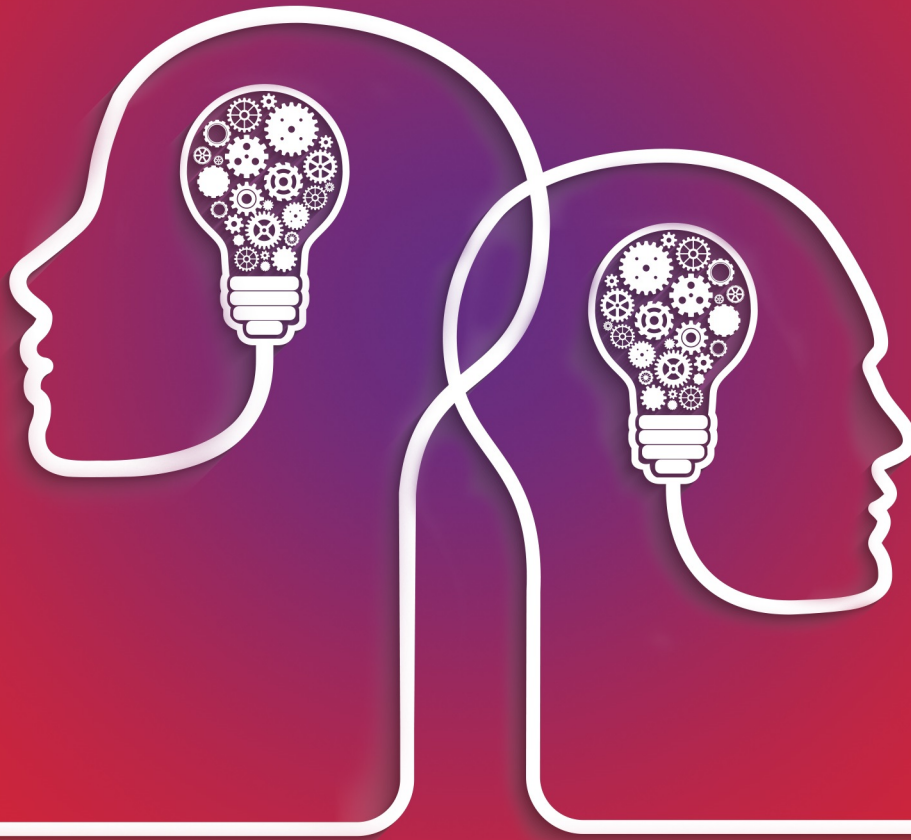




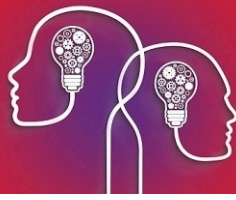
Best Practice  
An evolution in medical software

Bp VIP.net

Day Stay Guide



VIP.net knowledge base 



## Legal notices

This document is classified as commercial-in-confidence. Unauthorised distribution of this information may constitute a breach of our Code of Conduct, and may infringe our intellectual property rights. This information is collected and managed in accordance with our Privacy Policy, available on our [website](#).

Copyright © 2019

Best Practice Software believe the information in this User Manual is accurate as of its publication date. The information is subject to change without notice.

You may only copy, change, or use the User Manual as required for your own use as permitted under the End User Licence Agreement or the Order Form. User Manuals are intended for reference only and do not preclude the need for training.

Best Practice Software Pty Ltd	Best Practice Software New Zealand Ltd
PO Box 1911	PO Box 1459
Bundaberg Queensland Aus-	Hamilton New Zealand 3240
tralia 4670	
<a href="http://www.bpssoftware.net">www.bpssoftware.net</a>	

The information contained in the User Manual is intended to be a guide only. Best Practice Software does not provide any warranty in relation to its currency, accuracy, or completeness and, unless otherwise required by law, will not accept any liability in relation to any loss or damage suffered by you or any third party in reliance on the information contained in the User Manual.

**Last updated:** December 2019



## Set up day stay

---

Day stay is a separately licensed module of Bp VIP.net. To check if this licence has been activated, go to **Help > About > Licence Information**. If your installation has been granted a day stay licence, the **Access Level** column for Day Stay will show 'Full'.

To process day stay operations in Bp VIP.net, you need to set the following configuration items:

- Purchase and install DRGrouper software
- Set the excess item charge for the practice
- Set day stay preferences and private fee accommodation charges
- Add insurers as Bp VIP.net organisations and configure the insurer's charging details
- Record health fund details for the day stay patient.
- Doctor's have a Provider record created at the location of the day stay hospital.

The procedure item charged by the providers should be updated regularly using VIP LIVE Update - Health Fund Update to ensure you are billing with the most up-to-date information. Theatre bands will be updated as part of an MBS update.

The hospital billing items are updated under the contracts for each health fund.

## Set up day stay

### Install DRGrouper

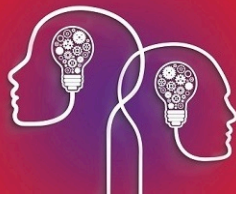
Even if your practice does not use the DRG charging method to bill patients, your practice must install DRG grouping software for reporting on day stay statistics to government bodies and insurers.

Bp VIP.net uses DRGrouper software from IQVIA. Contact Best Practice Software Specialist Products Support on 1300 40 1111(AU) or 0800 40 1111 (NZ) for instructions on how to purchase and install this software.

### Set the excess chargeable item

The 'Excess' item is charged to customers when they pay their insurance excess and \ or co-payment before the day stay surgery.

1. Select **Setup > Charges** to open the **Setup Charges** screen.
2. Make sure **Default** is selected from the row of page-owners along the bottom.
3. Scroll down the list to see if there is already an item with the code 'Excess'. If yes, select the Excess item and click **Modify**. Otherwise, click **New**. The **Maintain Item Details** screen will appear.



4. Set the following fields:

- Set **User Code** to 'EXCESS'
- Set the **Base Fee** to '0.00'
- Add the **Pre-Defined Rule** 'Patient Excess'
- Select **This item is usually GST Exempt**

5. Click **Ok**.

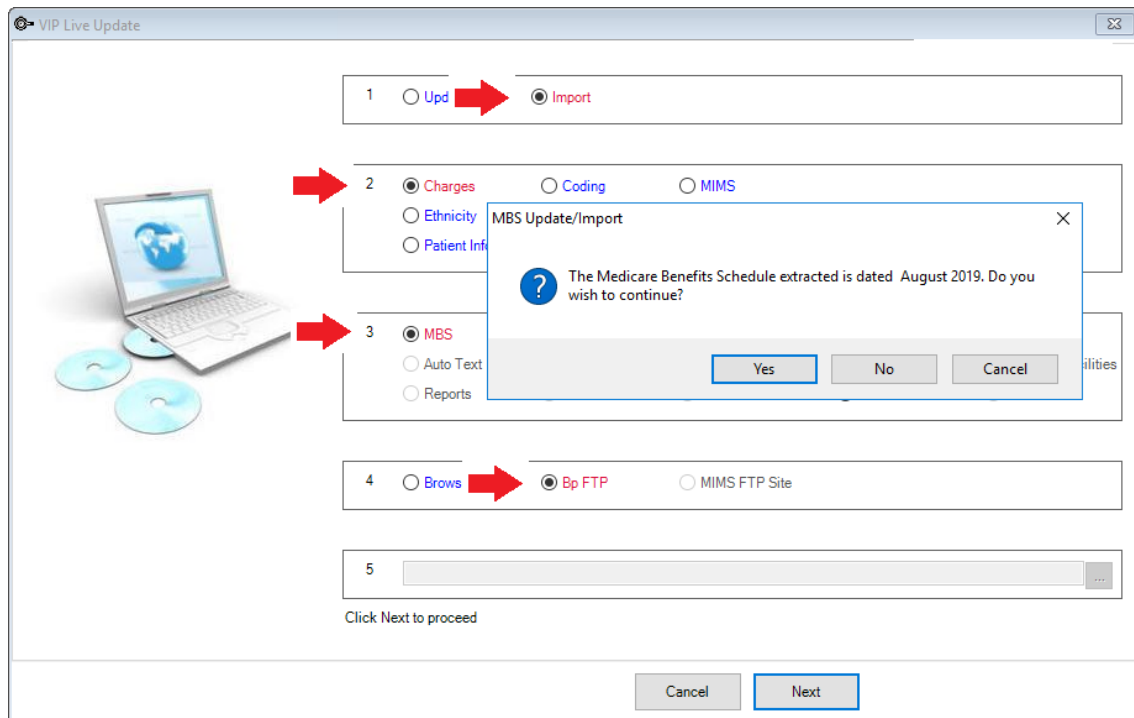
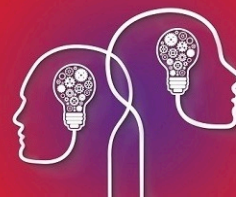
## MBS items import

Import the MBS surgical Item numbers from the **VIP Live Update**.

The Import will import item numbers, item description, MBS Fees, theatre band and whether the Item is a procedure code.

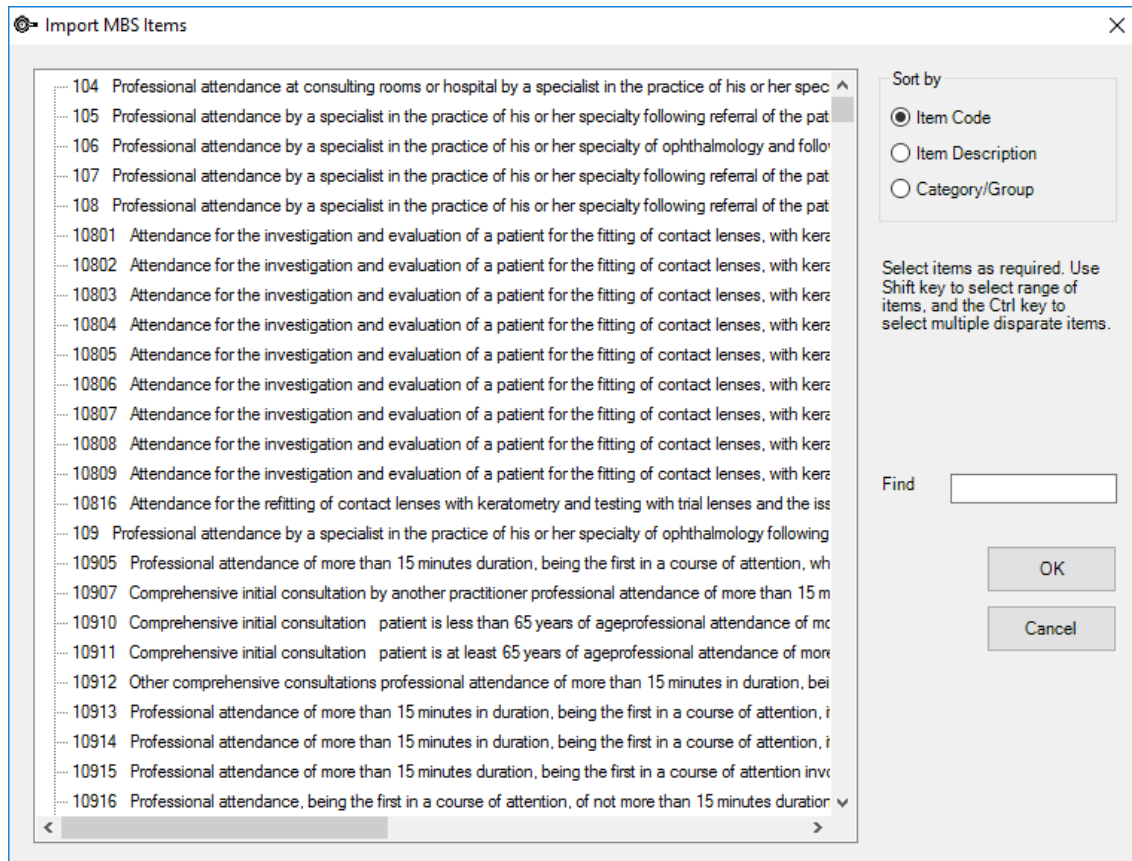
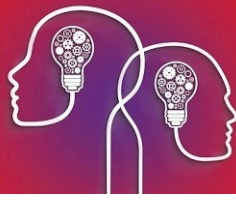
1. Click **File > Utilities > Live Update**.

The **VIP Live Update** screen is displayed.



2. Select **Import** / **Charges** / **MBS** and **Bp FTP**.
3. Click the **Next** button and the **MBS Date** notification is displayed.
4. Click **Yes**.

The **Import MBS Items** screen is displayed.



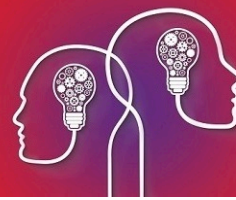
5. Use the **Sort by** radio button to display and sort the MBS items by their code.
6. Enter the first required item number in the **Find** field and click the **Enter** button on the keyboard.

The Item will be highlighted.

7. If multiple numbers are required, use the scroll button to find other item codes and hold the CTRL button to select multiple codes.
8. Click **OK** when all codes are selected in activate the import.
9. Log out and back into Bp VIP.net and click **Setup > Charges** to ensure all the required MBS items are displayed in the **Charges** screen and theatre bands are showing for procedure items.
10. You may also wish to modify the 'name' field so that invoices' item descriptions are as you prefer, otherwise it will remain as the MBS item description which may take up extra room on the printed invoice.

## Set day stay preferences

1. Select **Setup > Facility Preferences > Day Stay Preferences**. The **Daystay Preferences** screen will appear. If this is the first time you have set up day stay, Bp VIP.net will prompt for your practice's state health department.

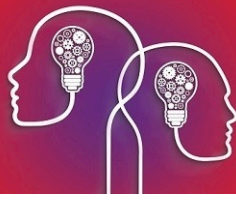


The settings in the **Daystay Preferences** populate the **Daystay Episodes** screen (Ctrl+F8) with default values when a new day stay episode is created.

In the **Settings** tab, select:

- **Choose Health Dept to Report** — The State Health Department that your practice transmits day stay records to. See [Batch the day stay episodes on page 43](#) for more information.
- **Hospital Name** — The Bp VIP.net facility used for day stay surgeries.
- The **Hospital Provider Number** and Hospital Facility Code are populated from the main Hospital Facility's organisation details.
- **Daystay Billing Provider** — This provider may be the Day Hospital or your principal surgeon.
- **Select the Revenue account to use when billing**
  - **Day Stay Billing Provider's Revenue:** Uses revenue from the Day Stay Billing Provider field
  - **Use Day Stay Surgeon's Revenue:** Uses revenue of the Surgeon recorded in the Operation screen
  - **Leave Revenue blank when charging:** Requires Revenue account to be recorded on each invoice

2. Click the **Admission Defaults** option and record default values default values that are populated through to each patient day stay episode. These settings will differ between practices.
3. Click The DRG Settings option and browse to the location of the DRG Engine's **.bin** files, and select the **DRG Version** of the installed DRGrouper software from IQVIA you installed previously in [Install DRGrouper on page 3](#).
4. In the **Diagnoses and Procedures** tab, the **Condition Onset Flag** is normally set to 'Condition not noted as arising during the episode of admitted patient care', but this will depend on your practice .



5. The **Discharge Defaults** tab supplies default values for a patient when discharged. These settings will differ between practices.
6. The **Private Health Fund Defaults** tab specifies the accommodation band charges for patients with basic health cover. These charges are set by the Department of Health.
7. Click the **Edit** button to complete the values as provided by the Department of Health. These values will be used for patients with base cover.

---

**Note:** *Accommodation Band Type C is where a procedure that is normally performed in a doctor's rooms, requires an inpatient stay due to complexities. Type C accommodation band claim requires a certificate for claiming.*

---

8. Click **OK** to save day stay preferences.

## Set up health fund contracts

All health insurers (health funds) must be created as an organisation in Bp VIP.net with a role of 'Insurer'.

If you will be also billing the surgeon's fee and if an insurer is not part of an umbrella organisation, you must set up the insurer as a 'Fee Scaler', 'Subsidiser', and Insurer in Bp VIP.net.

1. Create an organisation with the role of 'Fee Scaler' – for Provider billing.
2. Create an organisation with the role of 'Subsidiser' - for Provider billing.
3. Create an organisation with the role of 'Insurer' – for Day Stay billing.

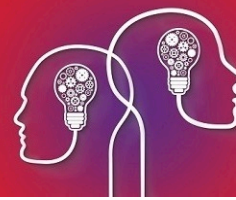
## Set up an individual health fund contract

1. Press F2 or select **Patient > Select** from the menu to open the **Search** screen.
2. Type in a descriptive name for the health fund in the **Search** text field. Tick **New Organisation**.

The **Organisation Details** screen will open at the **Details** tab with the name you just typed in the **Name** field, ready to be completed.

The screenshot shows the 'Organisation Details: BUPA' window. The 'Name' field contains 'BUPA'. The 'Role' dropdown is set to 'Insurer'. The 'Code' field contains 'BUPA INS' and 'BrandID' contains 'BUP'. There is a checked checkbox for 'Allow debts to be redirected'. On the right side, there are several unchecked checkboxes: 'Hold Statements Until', 'Never Produce statements for this debtor', 'Never charge overdue/initial statement fees', and 'Deactivate Organisation'. Below these are 'Background Color' and 'Text Color' selection boxes, each with a 'Change' button. There are also input fields for 'Phone', 'Fax', and 'Mobile', and radio buttons for 'Preferred' (Letter selected, Email unselected). At the bottom right, there are 'Join', 'Leave', and 'Main Office' buttons. The 'OK' and 'Cancel' buttons are at the very bottom right.





3. Select a Role of 'Insurer'. The **Health Fund Contracts** tab will be enabled .
4. Tick **Allow debts to be redirected**.
5. Complete the contract information in the **Details** tab.

### Obtain the health fund's brand ID

For online claiming, the health fund must have the correct brand ID.

1. Click on the **Medicare** button.
2. Press the **1. Get Healthfund Information** button.

Date Updated	Participant Id	Participant ContactNo	Participant Name
16/06/2013	ACA	1300 368 390	ACA Health Benefits Fund
5/02/2015	AGA	1800 808 690	Allianz Global Assistance
15/01/2016	AHM	0242218713	Australian Health Management Group Ltd
19/04/2013	AMA	02 9438 2022	The Doctors' Health Fund Limited
7/08/2018	ANZ	0411030316	ANZ Health
13/04/2013	AUH	0386824280	Australian Unity Health Limited
2/03/2015	BUD	03 5224 8047	Budget Direct Health Insurance
7/08/2018	BUP	0411030316	BUPA Australia
28/07/2017	CBC	0238437500	CBHS Corporate Health Ptv Ltd

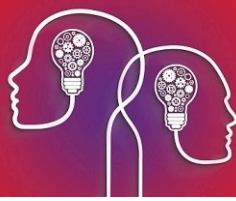
InsurerName	Brandid	Shortcode
AAMI CTP CLAIMS	ACA	AAMI
ACA Health Benefits Fund INS	ACA	ACA INS
ACE Assistance		
Aetna World Bank		AWB
AHM (Australian Health Management)	AHM	AHM INS
AHSA INS		AHSA INS
Allianz Australia Workers' Compensation		ALLIANZ
Allianz Worldwide Care		AWC
AMA Health fund	AMA	AMA - THE DOCTORS HEALTH FUND

3. Click the **1. Get the Health Fund Participants** button and all the health fund details will populate from Medicare.
4. Click the **2. Get Insurers List** and all the health fund details will populate from the health funds records created in Bp VIP.net.
5. Select the health fund on the top half of the screen and match it with the corresponding record on the bottom half of the screen and click **Update these values**.

The **BrandID** will display on the health fund record in Bp VIP.net.

### For health fund provider billing only:

1. Select the **Charging Details** tab and set the following fields:
2. Untick **Generate a single batch**.
3. Under **Redirection Settings**, set the **Percentage** to '100%' and rounding to 'Up to Nearest 1c'.
4. Set **Base calculations on** to 'Subsidy'.



5. Invoicing is normally set to 'Print the patient invoice only', because health fund payments are usually processed electronically, but this will depend on your practice.

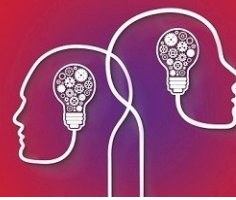
### For day stay billing:

1. Select the **Health Fund Contracts** tab.
2. Set the **DRG Version** to the latest version.
3. The **Fund ID** is usually set to 'Insured with agreement with hospital' but verify with your contract.

4. Click **Edit**. You will be prompted to confirm the **Charges Effective Date**. Click **Yes** to continue.
5. The charging band columns will be enabled for the addition of charge codes.
6. Follow at least one of the sets of instructions below, according to the contract with the insurer.

### Set up DRG charging

DRG charges are not always used as a hospital must have a contract to provide the DRG item.



- Click **Add** under the **DRG Charges** column. A row will be added. Enter the DRG **Code** and the associated **Fee** in the cells.
- If the DRG code includes a prosthesis, click **Prosthesis** and move the desired prostheses codes that are included in the contract over to the **Selected** column in the **Prosthesis** screen. Click **Ok**.
- Repeat steps a–b for all chargeable DRG codes applicable to the contract. Go to [Set up accommodation charges \(all types\) below](#).

### Set up case based charging

- Click **Add** under the **CaseBase Charges** column. A row will be added. Enter the item **code** and the associated **case base fee** and **procedure fee**.
- If the case base item includes a prosthesis, click **Prosthesis** and add the desired prostheses codes that are included in the contract over to the **Selected** column in the **Prosthesis** screen. Click **Ok**.
- Click the **Edit** button on each case base item to verify GST settings.
- Repeat steps a–c for all chargeable case base fees applicable to the contract.
- Set the **Multiple Case Base Item Contract Type** to the type specified by the contract: '1. Case-based fee for main item and remaining items use the procedure fee. No Accommodation fee', or '2. Use procedure fee for all items. Add Accommodation fee'. Go to [Set up accommodation charges \(all types\) below](#).

Rounding Options

To Nearest (0.5c rounds up) 1c

Multiple Casebase Item Contract Type

1. Casebase fee for Main item and remaining items use the procedure fee. No Accommodation fee

2. Use Procedure fee for all items. Add Accommodation fee

### Set up per diem Charges

- Click in a **Top Cover** column for a theatre band and start typing to enter your fee for that band.
- Repeat for all theatre bands applicable to the contract.

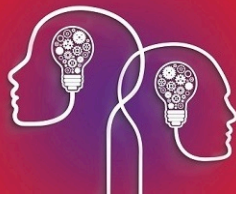
### Set up accommodation charges (all types)

- The **Base Cover** values default from the **DayStay Preferences** screen and cannot be changed here. Click in a **Top Cover** column for a band and start typing to enter a fee for that accommodation band.
- Set the **Procedure Percentages** covered by the health fund contract for multiple procedures. If your contract only allows one item per episode, then enter 100.00 in **Procedure 1** and leave the rest at 0.00.
- Leave the **Rounding Options** set to 'To Nearest 1c'.
- Click **OK** to save the charging details for the health fund contract.

### Set up a health fund who is part of a larger umbrella organisation

If a health fund is part of a larger umbrella organisation, such as AHSA or BUPA use the following instructions to create the health fund.

The parent company must be created three times:



- First record with the role of 'Fee scaler'
- Second record with the role of 'Subsidiser'
- Third record with the role of 'Insurer'

class="bplImportant" MadCap:autonum="<b>IMPORTANT </b>">The Main Office tick box must be selected for the parent umbrella organisation for the contract information to be copied to the child organisations

1. Tick the **Main Office** tick box.
2. From this organisation record click the **Join** button and the **Search** screen is displayed.
3. Leave the organisation name in the **Search** screen
4. Tick the **New Organisation** tick box.

The **New Associated Organisation** warning is displayed.

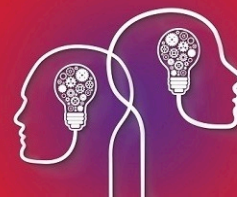
5. Click **No** to 'Copy the Address Details'.
6. Click **Yes** to 'Copy the New role to associated Organisations'.
7. Click **OK** on the 'To Update the Health Fund Contracts' notification.
8. Edit the **Name** of the child health fund and enter a Code.

---

**Note:** A BrandID is required on the organisation for all IMC and IHC claims through Bp VIP.net. A child health fund will still require their unique BrandID.

---

9. After obtaining the BrandID, Obtain the health fund's brand ID, click on the **Health Fund Contracts** tab and click the **Copy from Parent Org** button.



Organisation Details: HBF

Details | Charging Details | Health Fund Contracts | Investigations Provider Details | Providers | More | Subsidiser Details

Contract Charges Effective Date: 01/11/2012 [Edit] [View] [Copy from Parent Org] DRG Version: [ ] Fund ID: [ ]

Base Charges Effective Date: 01/11/2012

DRG Charges			CaseBase Charges			Theatre Band Charges		Accommodation Charges			
Code	Fee	Prostheses	Code	Casebase Fee	Procedure Fee	Prostheses	Band	Top Cover	Band	Base Cover	Top Cover
							1A	0.00	BAND1	150.00	0.00
							9A	0.00	BAND2	180.00	0.00
							1	0.00	BAND3	200.00	0.00
							2	0.00	BAND4	220.00	0.00
							3	0.00	TYPEC	0.00	0.00
							4	0.00			
							5	0.00			
							6	0.00			
							7	0.00			
							8	0.00			
							9	0.00			
							10	0.00			
							11	0.00			
							12	0.00			
							13	0.00			
							14	0.00			
							15	0.00			

Procedure Percentages

Procedure	Top Cover
Procedure 1	0.00 %
Procedure 2	0.00 %
Procedure 3	0.00 %
Procedure 4+	0.00 %

Rounding Options

To Nearest (0.5c rounds up) [ ] 1c [ ]

Multiple Casebase Item Contract Type

[Add] [Prosthesis] [Remove] [Add] [Edit] [Prosthesis] [Remove] [OK] [Cancel]

10. Click **Yes** on the **Copy Redirection Details** pop up.

Copy Redirection Details

Are you sure you want to Copy Charges & Redirection Details From Parent Organisation?

[Yes] [No] [Cancel]

The health fund contracts information will copy over to the new joined associated organisation.

11. Ensure the **Contract Charges Effective Date** is complete.

Organisation Details: HBF

Details | Charging Details | Health Fund Contracts | Investigations Provider Details | Providers | More | Subsidiser Details

Contract Charges Effective Date: 01/11/2012 [Edit] [View] [Copy from Parent Org] DRG Version: [ ] Fund ID: [ ]

Base Charges Effective Date: 01/11/2012

DRG Charges			CaseBase Charges			Theatre Band Charges		Accommodation Charges			
Code	Fee	Prostheses	Code	Casebase Fee	Procedure Fee	Prostheses	Band	Top Cover	Band	Base Cover	Top Cover
C112	900.00	...	30189	726.00	436.00	...	1A	150.00	BAND1	150.00	200.00
C40Z	435.00	...	42575	810.00	520.00	...	9A	125.00	BAND2	180.00	230.00
G44B	432.00	...	42617	816.00	526.00	...	1	110.00	BAND3	200.00	250.00
G45B	420.00	...	42641	954.00	674.00	...	2	90.00	BAND4	220.00	270.00
			42647	770.00	480.00	...	3	80.00	TYPEC	0.00	175.00
			42672	969.00	679.00	...	4	70.00			
			42686	996.00	706.00	...	5	60.00			
			42698	1,700.00	1,326.00	...	6	0.00			
			42701	1,549.00	1,259.00	...	7	0.00			
			42702	322.00	800.00	AO001...	8	0.00			
							9	0.00			
							10	0.00			
							11	0.00			
							12	0.00			
							13	0.00			
							14	0.00			
							15	0.00			

Procedure Percentages

Procedure	Top Cover
Procedure 1	100.00 %
Procedure 2	50.00 %
Procedure 3	25.00 %
Procedure 4+	25.00 %

Rounding Options

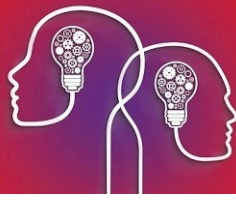
To Nearest (0.5c rounds up) [ ] 1c [ ]

Multiple Casebase Item Contract Type

1. Casebase fee for Main item and remaining i [ ]

[Add] [Prosthesis] [Remove] [Add] [Edit] [Prosthesis] [Remove] [OK] [Cancel]

12. Enter required **DRG Version** and **Fund ID** (these will not populate from the parent fund)



13. Click **OK** to save the child health fund record.

## Health Fund Update

After you have created all the health funds as organisations with the types of 'Fee Scaler', 'Insurer' and 'Subsidisor', the Health Fund Update should be run to ensure you are billing the latest updated fees.

**Important:** Ensure all health funds have a BrandID.

1. Click **File > Utilities > Live Update**.

The **VIP Live Update** screen is displayed.

2. Select **Update / Charges / Health Fund** and **Bp FTP**.

1  Update  Import

2  Charges  Coding  MIMS  
 Ethnicity  Occupations  Bp Library  
 Patient Info  Regions  Interface Definitions

3  MBS  Prosth  Health Fund  Theatre Band  Custom  
 Auto Text  UDFs  Auto Templates  Letter Templates  Daystay Facilities  
 Reports  Providers  Streets  DVA  SLA

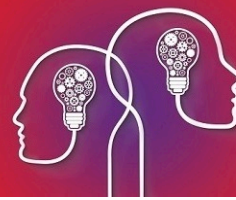
4  Browse  Bp FTP  MIMS FTP Site

5

Click Next to proceed

Cancel Next

3. Click the **Next** button.



Code	Name	Last Updated	Update	Effective Date	Update With
AHSA FEE	AHSA	01/03/2019	<input type="checkbox"/>	02/10/2019	
BUPA FEE	BUPA	01/03/2019	<input type="checkbox"/>	02/10/2019	
DVA FEE	DVA	01/03/2019	<input type="checkbox"/>	02/10/2019	all_adf
DVAH FEE	DVA Hospital	01/03/2019	<input type="checkbox"/>	02/10/2019	all_bupadf
FRANK	Frank Health	01/03/2019	<input type="checkbox"/>	02/10/2019	all_dva
ADF	Gamson Health	01/03/2019	<input type="checkbox"/>	02/10/2019	all_dvah
HBFS	HBFS	01/03/2019	<input type="checkbox"/>	02/10/2019	all_frnk
HCF KG	HCF Known Gap	01/03/2019	<input type="checkbox"/>	02/10/2019	all_hcf_kg
HCF NG	HCF No Gap	01/03/2019	<input type="checkbox"/>	02/10/2019	all_hcf_ng
MBP FS	Medibank	01/03/2019	<input type="checkbox"/>	02/10/2019	all_mediba
MSTD FS	Medicare		<input type="checkbox"/>	02/10/2019	all_mildur
MILDURA	Mildura	01/03/2019	<input type="checkbox"/>	02/10/2019	all_nib
NIB	NIB		<input type="checkbox"/>	02/10/2019	all_st_luk
PENS FEE	Pensioner	15/07/2019	<input type="checkbox"/>	02/10/2019	allhcfkg
PVT FEE	Private	26/09/2019	<input type="checkbox"/>	02/10/2019	allhcfng
SCHED	Schedule Rate		<input type="checkbox"/>	02/10/2019	qld_ahsa
STLK FS	St Luke	01/03/2019	<input type="checkbox"/>	02/10/2019	qld_bupa
					qld_frnk
					qld_guh
					qld_workco

Click Next to update

4. Select the required health fund fee scaler.
5. Tick the **Update** tick-box.
6. Select the health fund to update the fees in the **Update With** column.
7. Repeat the last three steps for each health fund.
8. Click **Next** when completed.

A notification of **Health Fund Charges are Updated** will display when the update is completed. The **Last Updated** column will display with the new updated date.

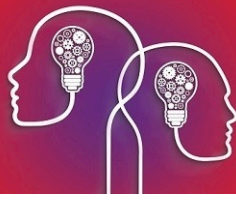
***Important:** The **Effective Date** must not be before or on the **Last Updated** date. If unsure, enter **Effective Date** as 1 day after the **Last Updated** date.*

## Check compulsory patient and health fund information can be recorded in the patient details

You need to record a patient's health fund details in their **Patient Details (F3)** to create and bill day stay episodes. Firstly, ensure you have the necessary fields on the **Patient Details** screen and **Financial** tab.

**Patient Details screen:** Indigenous Status (DS only) and Language (DS only)

**Financial Tab:** Health Insurer, Policy Number, Commenced, Excess, Co Payment, Cover



## Create patient's preferred language and indigenous status fields

You can add fields to the UDF assigned to the **Patient Details** screen to capture the patient's indigenous status and language spoken at home. If a day stay episode is created for the patient, the preferred language and indigenous status will default through to the **Language Usually Spoken at Home** and the **Indigenous Status field** in the **Day Stay Episodes** screen. If this field is not populated, it will save as empty and will prevent completion of the day stay episode.

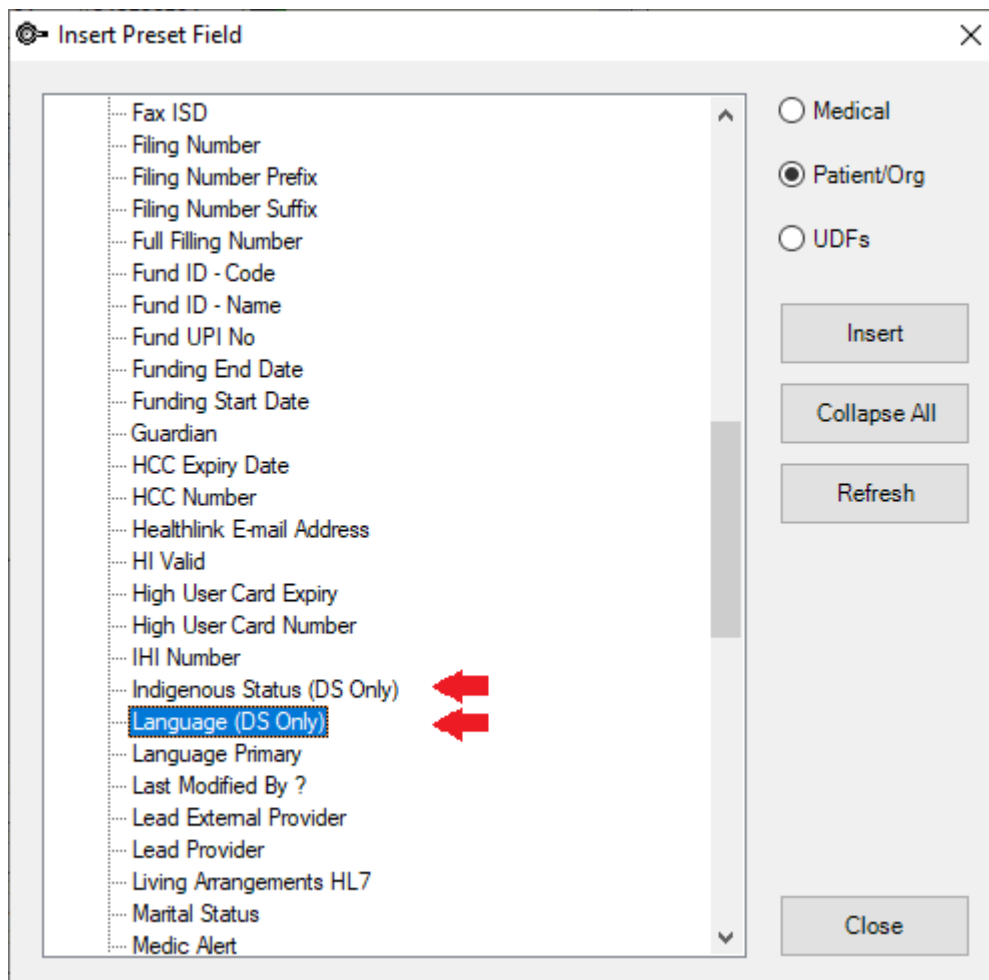
1. From the main Bp VIP.netscreen, select **Setup > User Defined Forms > AUSNumbers**. Click **Modify**.

---

*Note: If your practice uses a different UDF in **Patient Details**, select that UDF instead.*

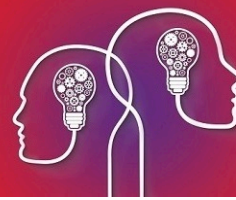
---

2. Click the **Pre-set Field** button (first from the left) to open the **Insert Pre-set Field** screen.



3. Select **Patient/Org** on the right-hand side. Open the **Patient** category, scroll down, and select the **Language (DS Only)** field. Click **Insert**.
4. Click the **Pre-set Field** button again.





5. Select the **Indigenous Status (DS Only)** field. Click **Insert** and position both fields on the AUSNumbers UDF.

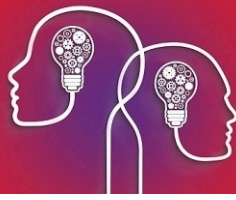
The example above, shows the edited titles of both fields. This can be done for better placement on the screen.

6. Double-click the new field label to open the **Modify Label** screen. Change the name of the label to something more descriptive, such as 'Language at home' or 'Language'. Click **OK**.
7. Save the UDF.
8. Press **F3** to open the **Patient Details** for a patient. The new fields should be available.

## Download a financials UDF from VIP Live Update

If your Bp VIP.net database does not show the following fields in the **Financial** tab: **Health Insurer, Policy Number, Excess, and Co-payment**, you will need to download a 'Financials' UDF for the **Patient Details** screens from **VIP Live Update**.

1. Select **File > Utilities > Live Update**. The **VIP Live Update** screen will appear.
2. Make the following selections:
  - Section 1 — Select **Import**
  - Section 2 — Select **Bp Library**
  - Section 3 — Select **UDFs**
  - Section 4 — Select **Bp FTP**
3. Click **Next**.
4. Tick **/Patients 500** and click **OK**.



5. Tick the 'Financial' options appropriate for your region and click **OK**. Bp VIP.net will download the latest financial UDF, which appear as the **Financials** tab on the **Patient Details** screen.

## Add compulsory demographic and health fund information to a patient

You need to record a patient's health fund details in **Patient Details** to bill day stay episodes.

1. Load the patient into the information bar and press **F3** to open the **Patient Details** screen.
2. Complete the **Language** and **Indigenous** fields.
3. Select the **Financial** tab on the right.

The screenshot shows the 'Finance' tab of the 'Patient Details' screen. The form is divided into several sections:

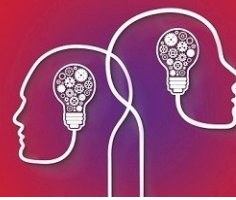
- Providers**: Feescaler (PVT FEE, Private), Subsidiser (MSTD, MSTD), Redirector (empty).
- Statements**:  Bulk,  Easy Claim,  No Statements,  No Fees, Account Hold Date (empty).
- Work Cover Insurer**: (empty), Policy Number (empty).
- Health Insurer**: BUPA INS, BUPA (with red arrow), Policy Number 1245365 (with red arrow), Policy Holder (empty), Relationship (empty), Commenced 01/01/2010 (with red arrow).
- Excess**: 400.00 (with red arrow).
- Copayment**: 0.00.
- Cover**: Top (with red arrow).
- Notes**: (empty text area).

---

***Tip:** Often the patient will not know their insurance commenced date. The **Commenced** date must always be before the date of the day stay operation, or Bp VIP.net will not process the day stay episode.*

---

4. Click **OK** to save the patient's details.



## Set up theatre appointment books

1. Theatres can be created as an individual appointment book to enable multiple providers per appointment page.
2. Click **Setup > Appointment Book > Page-Owners**.
3. Click the **New** button.
4. Select **Custom** for the type of Page-Owner.

**New Page-Owner** [Close]

Choose type of Page-Owner

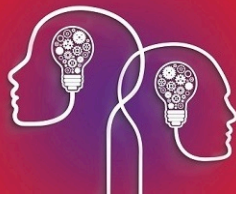
Provider  [Add]

Operator

Custom

[OK] [Cancel]

5. Click **OK** to save.
6. The **Details** tab is displayed. Enter any required autotext into the **Additional Column 2** e.g. patient's health fund details.
7. Select a **Background Colour**.
8. Click the **Rosters** tab.
9. Click the **New** button.
10. Complete the **Roster Settings** screen and click **OK**.



**Roster Settings for Theatre 1**

How many weeks are there in this Roster Rotation?

On what date should this roster come into effect?

On what Sunday should Week 1 of the Rotation be calculated from?

What is the usual daily opening time? (24hr format eg. 0800)

What is the usual daily closing time? (24hr format eg. 1700)

What is the usual Appointment Length?

11. The **Roster of..** screen is displayed.
12. Select the day of the week and the group of times required for one surgeon and click the **Custom** button.

**Modify Shift**

Appointment Type

Appointment Length

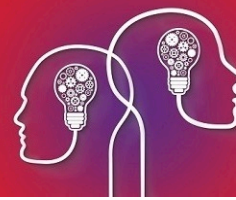
Located At

Surgeon

Anaesthetist

Note

(Will appear in the notes column of each slot in this shift)



13. Select the **Appointment Type** of **Operations** and complete the **Located At, Surgeon** and **Anaesthetist** field (**Anaesthetist** field may be left blank if unknown at this stage).
14. Click **OK** and continue creating the roster for the theatre. **Save** the roster when it is completed.

---

*Tip: The Location, Surgeon and Anaesthetist will default through to the Operation screen when the operation is booked from the Appointment screen.*

---

Unit	Booking	Type	S	Notes
07:00	SYD HOSP	Oper		Surgeon: Ophthalmology, Dunkin, Anaesthetist: Baker, Kate
07:30	SYD HOSP	Oper		Surgeon: Ophthalmology, Dunkin, Anaesthetist: Baker, Kate
08:00	SYD HOSP	Oper		Surgeon: Ophthalmology, Dunkin, Anaesthetist: Baker, Kate
08:30	SYD HOSP	Oper		Surgeon: Ophthalmology, Dunkin, Anaesthetist: Baker, Kate
09:00	SYD HOSP	Oper		Surgeon: Ophthalmology, Dunkin, Anaesthetist: Baker, Kate
09:30	SYD HOSP	Oper		Surgeon: Ophthalmology, Dunkin, Anaesthetist: Baker, Kate
10:00	SYD HOSP	Oper		Surgeon: Ophthalmology, Dunkin, Anaesthetist: Baker, Kate
10:30	SYD HOSP	Oper		Surgeon: Ophthalmology, Dunkin, Anaesthetist: Baker, Kate
11:00	SYD HOSP	Oper		Surgeon: Ophthalmology, Dunkin, Anaesthetist: Baker, Kate
11:30	SYD HOSP	Oper		Surgeon: Ophthalmology, Dunkin, Anaesthetist: Baker, Kate
12:00	SYD HOSP	Oper		Surgeon: Ophthalmology, Dunkin, Anaesthetist: Baker, Kate
12:30	SYD HOSP	Oper		Surgeon: Ophthalmology, Dunkin, Anaesthetist: Baker, Kate
13:00	SYD HOSP	Oper		Surgeon: Dermatology, Harry, Anaesthetist: Victor, Ken
13:30	SYD HOSP	Oper		Surgeon: Dermatology, Harry, Anaesthetist: Victor, Ken
14:00	SYD HOSP	Oper		Surgeon: Dermatology, Harry, Anaesthetist: Victor, Ken
14:30	SYD HOSP	Oper		Surgeon: Dermatology, Harry, Anaesthetist: Victor, Ken
15:00	SYD HOSP	Oper		Surgeon: Dermatology, Harry, Anaesthetist: Victor, Ken
15:30	SYD HOSP	Oper		Surgeon: Dermatology, Harry, Anaesthetist: Victor, Ken
16:00	SYD HOSP	Oper		Surgeon: Dermatology, Harry, Anaesthetist: Victor, Ken
16:30	SYD HOSP	Oper		Surgeon: Dermatology, Harry, Anaesthetist: Victor, Ken
17:00	SYD HOSP	Oper		Surgeon: Dermatology, Harry, Anaesthetist: Victor, Ken
17:30	SYD HOSP	Oper		Surgeon: Dermatology, Harry, Anaesthetist: Victor, Ken

## Create the hospital as a provider for billing day stay

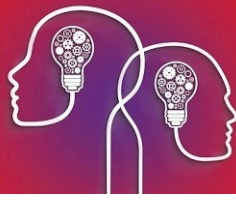
As the day stay component of the patient's bill is generally claimed by the day stay hospital, the hospital can be set up as a provider for invoicing and display on the invoice.

1. Click **Setup > Providers > This Clinic**.
2. Click the **New** button on the **Providers** screen.

---

*Important: The minimum requirements for creating a provider record are shown by red arrows in the image below.*

---



3. Log out and back into Bp VIP.net.

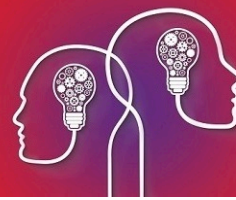
To add the newly created **Hospital Provider** record as the billing provider for the Day Stay invoice:

4. Click **Setup > General Preferences > Day Stay Preferences**.

5. Select the Hospital provider record in the **Day Stay Billing Provider** field and select **Day Stay Billing Provider's Revenue** to ensure the hospitals revenue account is populated into all day stay invoices.

6. Click OK to save the settings.

Day Stay setup is complete.



# Day stay episodes and billing

Day stay is a separately licensed module of Bp VIP.net. To check if this licence has been activated, go to Help > About > Licence Information. If your installation has been granted a Day Stay licence, the Access Level column for day stay will show 'Full'.

The procedure items charged by the surgeons should be updated regularly using **VIP Live Update - Health Fund Update** to ensure you are billing with the most up-to-date information. Theatre bands will be updated as part of an MBS update and when importing items using **Live Update**.

The surgeons must have a provider record at the location where the operation is performed in Bp VIP.net)

The hospital billing fees are updated under the contracts for each health fund.

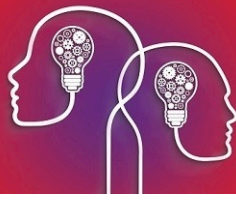
## Check patient details

The patient must have their health fund (Insurer), health fund policy number, Medicare and / or DVA numbers, excess or co-payment balance, cover type and when their policy commenced recorded in their **Patient Details > Financial** tab.

The screenshot shows the 'Patient Details' form with the following data and annotations:

- Personal Details:** Surname: Caleb, Title: Mr, Sex: M, First Name: Christopher, Middle Name: (blank), Date of Birth: 13/11/1954, 64y, Country: Australia.
- Contact Information:** Building/Box: 123, No/Street: 67 Joseph Drive, Suburb/City: Grassdale, Postcode: 2113, State: VIC.
- Health Fund Information:** Health Insurer: BUPA INS. BUPA, Policy Number: 45895, Commenced: 07/07/2019.
- Financial Information:** Excess: 400.00, Copayment: 0.00, Cover: Top.
- Other Fields:** IHI / My Health Record No: (blank), Employer: (blank), Occupation: Aerospace Engineer, Ethnicity: (blank), Indigenous Status: 4 Neither Aboriginal nor Torres Strait Is., Language: (blank), Warning: (red text), Vision impaired: (pink and green boxes), MED: 3950-09783-2, DVA: (blank), HCC: 142-452, PENS: (blank), Bulk Bill: (checkbox), Feescaler: PVT FEE, Private, Subsidiser: MSTD, Medicare Standard Subsidy, Health Insurer: BUPA INS. BUPA, HF Policy No.: 45895.

1. Ensure all details are completed before booking the operation and starting the **Day Stay Episode** in Bp VIP.net.
2. Ensure the commenced date is prior to the day of the operation.
3. Run the **OEC – Online Eligibility Check** with see if the patient is eligible for cover by the health fund. This can be done through the **Easyclaim OPV** buttons on the bottom of the **Patient Details** screen.



## Add the operation to the patient record

Prior to starting a Day Stay episode in Bp VIP.net, an operation must be assigned to the patient.

1. When the patient is in the snapshot, select **Medical > Operations** (Ctrl+F9)

The **Operations** screen is displayed.

Operations (Aboperiod:4)

Operation 7/01/2016 1:20:00 PM  
Left - 42702 Lens extraction and insertion of artificial lens  
42702-06 Extracapsular extraction of crystalline lens by mechanical phacofragmentation and aspiration of cataract with insertion of foldable artificial lens

← Completed Operation

Operation Planned For: 07/01/2016 13:20 Booked  Complete

New Modify Delete Add to Waiting List Make Booking

Procedure:  Main Procedure Location?  NA  Right  Left  Bilateral

Date	Visit	Provider
30/09/2010	Medical	Ophthalmology, Dunkin
29/09/2011		Ophthalmology, Dunkin
7/02/2012		Ophthalmology, Dunkin

Details of selected Note

COMPLAINING OF:  
CONGENITAL MOTOR NYSTAGMUS

HISTORY OF PRESENT COMPLAINT:  
Down syndrome

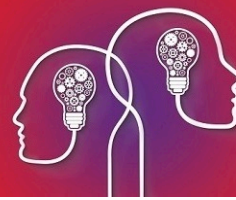
EXAMINATION:  
STARTING NEXT YEAR ST GILES SPEECH THERAPY  
FACE TURN LEFT-EYES RIGHT MINIMISES NYSTAGMUS  
MYSTAGMUS  
BEGINNING TO SIGNB LEARNING KAYS SLOWLY  
LOOKS ORTHO

New Note Modify Note Close

2. Click the **New** button under the operations section.

The **Choose Procedure** screen is displayed





**Choose Procedure**

Search:   Sort/Search by:  Description (f)  Code

(Enter as many search terms as required)

Code	Description
42702	Lens extraction and insertion of artificial lens

Procedures  ICD10 Procedures

Location?:  NA  Right  Left  Bilateral

3. Check the **Procedures** radio button is selected.

***Important:** Do not select the **ICD10 Procedures** radio button to search for the procedure as selecting an ICD10 procedure code will impact the billing codes on the doctor's invoice. The ICD10 procedure code will be recorded on the **Day Stay Episode**.*

4. Search for the code either using the **Description** or the **Code** sort options.
5. Select the code and the **Location** of the procedure.
6. Click **OK**.

The patient's **Operation** screen is displayed with the procedure populated.

**Mr Christopher CALEB (AboperId: 1059)**

Operation Details

Procedures

Code	Description	Location	Qty	Protocol
*42701	Intraocular lens, insertion of, excluding surgery performed for the correct...	Right	1	

Quantity:   Main Procedure

Location?:  NA  Right  Left  Bilateral

Booking Notes

Summary Notes

Unit:  Surgeon:

Anaesthetist:  Anaesthetic:

Assisting Prov.:  Assisting Prov. 2:

Scrub Nurse:  Scout Nurse:

Time Required:  mins Print Order:  Admission Date: 19/09/2019 Time: 15:00 (e.g. 23:20)

Prostheses

Please verify the Location of each Procedure and Prostheses Item

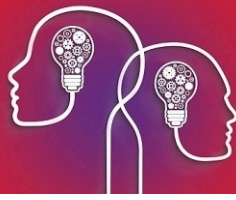
Code	Description	Location	Qty
------	-------------	----------	-----

Quantity:

Location?:  NA  Right  Left  Bilateral

Include Prostheses

Day Hospital



**Important:** The **Add Procedure** button is used to add additional procedure codes (these will populate through to the doctor's invoice and day stay episode invoice). For the day stay episode invoice to be generated correctly, all procedures and prosthesis must be added through the **Operation** screen.

7. If more than one procedure is listed, ensure that **Main Procedure** tick box is selected for the main item.
8. Select the **Unit** (location) and **Surgeon**.
9. Select the **Anaesthetist**, **Anaesthetic** and any additional details.

**Tip:** The default anaesthetic recorded in the **Day Stay Preferences** screen will automatically populate into the **Anaesthetic** field.

The **Time Required** will populate from the procedure's **Item Details** screen in **Setup > Charges**.

10. Add the prostheses required and specify the location (these will be included in the doctor's invoice if **Include Prosthesis** tick box is selected).

Code	Description	Location	Qty
EG010	Artiflex Anterior Chamber Intraocular Lens	Right	1

Buttons: Add Prostheses, Remove Prostheses

Quantity: 1

Location?:  NA  Right  Left  Bilateral

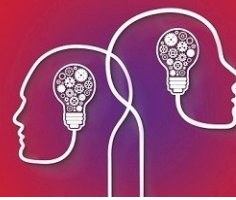
11. Click **OK** to save the operation details.
12. Book the operation into the appointment book.

## Create the day stay episode

After the operation has been recorded and booked, the **Day Stay Episode** must be created in Bp VIP.net.

1. Click **Patient > Day Stay** or Ctrl+F8

The **Day Stay Episodes for** screen is displayed where previous episodes may be listed.



Daystay Episodes for Caleb, Christopher (Id:30; State:QLD)

Browse | Personal and Admission Details | Diagnosis and Procedures | Cancer Details | Discharge Details

Admission	Discharge	Main Procedure	State	DVA	PHDB	HFund	Status
19/08/2019 01:42	19/08/2019 15:00	Insertion of Intraocular lens				Yes	Complete and Transmitted

A completed Daystay Episode

New Modify Delete Complete and Transmitted Close

2. Click **New**. The **Choose/Create Operation** screen is displayed.

Choose/Create Operation

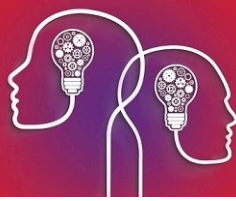
Choose an existing Operation from the list below, or click New to create a new operation

Operation : Thursday, 19 September 2019  
42701 Intraocular lens, insertion of, excluding surgery performed for the correction of refract

OK  
Cancel  
New

3. Select the operation and click the **OK** button.

The **Personal and Admission Details** tab is displayed.



## Personal and admission details

Daystay Episodes for Caleb, Christopher (Id:32; State:QLD)

Personal and Admission Details | Diagnosis and Procedures | Cancer Details | Discharge Details

**Personal & Admission Details**

Address\*

Building/Box: 123  
No/Street: 67 Joseph Drive  
Suburb/City: Grassdale  
Postcode: 2113 State: VIC  
Country: Australia

Birth Date\*: 13/11/1954 Sex\*: M  
Country of Birth\*: 1101 Australia 1101  
Indigenous Status\*: 4 Neither Aboriginal nor Torres Strait  
Marital Status\*: 9 Not stated/unknown  
Patient Classification Code\*: SU Surgical  
Hospital Insurance\*:  
Fund ID\*: IH Insured with agreement with hospit  
Health Insurer/Fund: BUPA INS. BUPA  
Policy Number: 45895  
Cover commenced: 07/07/2019 Excess: 400.00 Co-Payment: 0.00  
Cover Type:  Top  Base  None  Restricted  
Cover Comments:  
Medicare Eligibility\*:

Hospital\*: JDS, Jackson Day Surgery  
Admission Date/Time\*: 19/09/2019 15:00 (eg 27/08/2007 23:20)  
Booked Date/Time: 19/09/2019 15:00  
 Patient did not arrive  
 Cancelled after arrival  
Planned Same Day\*:  
Care Type\*:  
Elective Patient Status\*:  
Source of Referral/Transfer\*:  
Re-admission within 28 Days\*:  
Chargeable Status\*:  
Compensable Status\*:  
Admission Ward\*:  
Baby Admission Weight: 0 (grams)  
Transferring from Facility:

Print P1  
Charge Excess

Incomplete

OK Cancel

The patient and operation details are populated from the **Patient Details** and **Operation** screen.

1. Complete the required fields.

---

**Note:** Fields marked with a red asterisk are compulsory and must be completed for the Day Stay Episode to be validated for transmission. Fields may have a default entry displayed populated from the **Day Stay Preferences**.

---

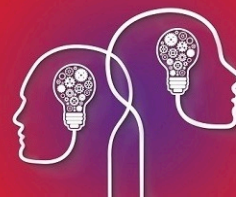
---

**Important:** Medicare eligibility should be run when the **Day Stay Episode** is created.

---

2. Click the **Charge Excess** button to create the invoice for the patient excess and / or co-payment.

The **Consultation** screen displays with the excess fee generated.



Invoice Date: 19/09/2019  
Service Date: 19/09/2019  
Referral: Ref from: Reed, Brenda Started: 13/03/2019 Exp: 12/03/2020 Ref t

Provider: Hollie-Raye, Felicia @JDS  
Revenue: Surgery  
Fee Scaler: [blank]  
Subsidiser: MHOSP, Medicare Hospital  
Insurer: BUPA INS, BUPA

Print Form (0)  In-Patient (J)  VIP Easyclaim Authorised   
Hospital: JDS, Jackson Day Surgery  
Distance: 0 kms  
Service Type: S: Specialist

Date	Code	Fee Scaler	Band (u)	Name	Qty	Fee Scale	Sub Scale	Fee %	Fee	Sub %	Subsidy	Gap (h)	GST
19/09/2019	EXCESS	BUPA INS, BUPA	No Band	Excess	1.00			100.0000	400.00	100.0000		400.00	
19/09/2019		BUPA INS, BUPA			1.00			100.0000		100.0000			
19/09/2019		BUPA INS, BUPA			1.00			100.0000		100.0000			

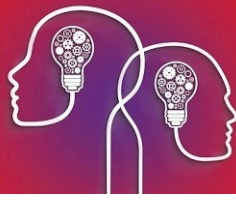
Assistance Fees?  Redirected Amount  Fee (w)  Subsidy (x)  Gap (y)

Excess: 400.00  
Totals (GST Incl.): 400.00  
Subsidy: 0.00  
Gap: 400.00

3. Ensure the patient's health fund is displayed in the Insurer field.

**Note:** A second check will be run by Bp VIP.net when invoicing the **Day Stay Episode**, that the excess has been charged to the patient. If you try and charge the excess again the **'Excess / Invoice already Created'** warning is displayed.

4. The **Fee** field at the bottom of the invoice populates with the patient excess and / or co-payment balance recorded in the **Patient Details** screen.
5. Click the **Pay** button to receipt and save payment or click **OK** to save and take the payment at another time.
6. The screen switches back to the **Day Stay Episode** screen after closing the **Consultation (F5)** or **Payment (F6)** screen.
7. Click the **P1** button to print page one of the *National Private Patient Hospital Claim Form* where the patient can fill out and sign the **Declaration Concerning Claim**.
8. Click **Close**.



## The diagnosis and procedures

Date	Code	Description	Diagonset	Location	Place	Activity
------	------	-------------	-----------	----------	-------	----------

Generate DRG    DRG: [ ]

Symptom Awareness Date: [ ]    Indicators    Clear Indicators

**MBS Procedures**     Main Procedure

Code	Description	Location	Qty	Protocol
*42701	Intraocular lens, insertion of, excluding surgery performed for the corr...	Right	1	

**ICD-10 Procedures**

Date	Code	Description	Location	Qty
------	------	-------------	----------	-----

**Prostheses**

Date	Code	Description	Location	Qty
19/09/2019	EG010	Artifex Anterior Chamber Intraocular Lens	Right	1

Existing    Add New    Remove    Diagonset / Ext Cause

Location?     NA     Right     Left     Bilateral

Operation Summary

Location?     NA     Right     Left     Bilateral    Convert to ICD-10

Add New    Remove

Location?     NA     Right     Left     Bilateral

Add New    Remove    Quantity: 1

Location?     NA     Right     Left     Bilateral

Incomplete    OK    Cancel

The MBS procedure/s and prostheses populate from the patient's **Operation** screen. The MBS procedures and prostheses are required for creating the **Day Stay Episode** quote. Diagnoses and the ICD-10 procedure can also be completed while completing the discharge process.

3. Add the diagnoses by clicking the **Existing** button for the list of patient's existing diagnoses.

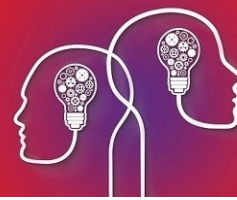
Select Existing Problems

<input type="checkbox"/>	H26.9	Cataract, unspecified
--------------------------	-------	-----------------------

(Select it by tick the check box)

OK    Cancel

4. Or click **Add New** to add a new ICD10 diagnosis from the **Problems** screen.



Code	Description
H26.4	After-cataract
H28.1	Cataract in endocrine, nutritional and metabolic diseases
H28.2	Cataract in other diseases classified elsewhere
H26.9	Cataract, unspecified
H26.2	Complicated cataract
Q12.0	Congenital cataract
H26.3	Drug-induced cataract
H26.0	Infantile, juvenile and presenile cataract
H25.8	Other senile cataract
H26.8	Other specified cataract
E13.36	Other specified diabetes mellitus with diabetic cataract
H25.2	Senile cataract, morgagnian type
H25.9	Senile cataract, unspecified
H25.0	Senile incipient cataract
H25.1	Senile nuclear cataract
H26.1	Traumatic cataract
E10.36	Type 1 diabetes mellitus with diabetic cataract
E11.36	Type 2 diabetes mellitus with diabetic cataract

5. Enter the **Location** of the procedure on the body if applicable and click **OK** to save the diagnosis.
6. The **Select Diagnosis onset Flag** is displayed.

1 : Condition present on admission to the episode of care

2 : Condition arises during the current episode of care

9 : Unknown/Uncertain

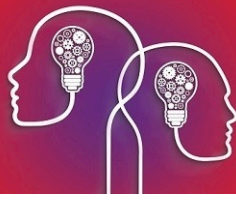
7. Select the required option and click the **OK** button.

---

**Important:** The Generate DRG button will only generate the code if the **Mode of Separation** field is completed on the **Discharge Details** tab. A default option can be defined in the **Day Stay Preferences** enabling the DRG code to be generated prior to completing the Discharge Details.

---

8. Enter a date into the **Symptom Awareness Date** field.
9. Click the **Convert to ICD10** button to convert the MBS procedure to the ICD10 procedure if there are available ICD10 codes that map to the MBS procedure.



10. If there are no available mapped ICD10 procedure codes, press the **Add New** button to manually search and choose the correct ICD10 procedure code
11. Click **OK** to select the ICD10 procedure code/s.

---

***Important:** If additional MBS procedure items need to be added to the episode, they must be added through the **Operations** screen (Ctrl D). This will also ensure the day stay invoice is populated with all items correctly.*

---

12. Add the prostheses if required and it has not already been added on the **Operation** screen.

## Quote the doctor and the day stay episode costs

Prior to the booked operation, quotes can be generated from the **Operation** screen for both the doctor's invoice and the day stay invoice.

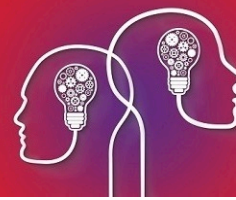
---

***Tip:** If you click the **Quote Theatre** button prior to creating the day stay episode, an episode will be generated automatically.*

---

The surgeon's fees are quoted separately to the **Day Stay Episode**. Follow the instructions below if you also use Bp VIP.net to quote and invoice the Doctor's fees.





2. Tick the Include **Prostheses** tick-box to if you require the fee for the prosthesis included in the doctors quote.
3. Click the **Quote Doctor** button to create a quote for the doctor's invoice.
4. The **Quote** screen is displayed.
5. Add the patient's health fund to the **Fee Scaler**, and **Subsidiser** field or equivalent health fund umbrella group i.e. AHSA.

**Note:** The surgeon recorded on the **Operation** screen will be the billing provider on the invoice.

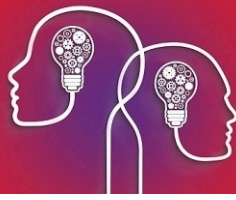
Date	Code	Fee Scaler	Subsidiser	Name	Qty	Fee Scale	Sub Scale	Fee %	Fee	Sub %	Subsidy	Gap (h)	GST
30/09/2019	42702	BUPA FEE. BUP.	BUPA SUB. BUP.	Right - Lens extraction and insertion of artificial ler	1.00	1,251.60	1,251.60	100.0000	1,251.60	100.0000	1,251.60		
30/09/2019		BUPA FEE. BUP.	BUPA SUB. BUP.		1.00			100.0000		100.0000			

## DOCTOR QUOTE

**Important:** Check the patient's health fund is displayed in the **Less Redirection to** field so that when **Online Eligibility Check (OEC button)** is run from the quote the health fund can assess their portion of the quote.

6. Tick **VIP Easyclaim Authorised** and click the **OEC** button to run the Online Eligibility Check.

7. The **Online Eligibility Checking** screen is displayed where additional information for the procedure can be recorded.
8. Select the **Presenting Illness Code** at the bottom of the screen and click the **Online Eligibility Check** button to run the check.



9. The **Eligibility Report** is displayed. Close the report and exit from the **Online Eligibility Check** screen.

*Tip: Running the OEC will save the quote. Print the quote from the patients Transaction screen (F8).*

10. The **Operation** screen will be presented again. Click the **Modify** button to display the **Operation** Details screen again.

11. Click the **Day Hospital: Quote Theatre** button

The **Quote** is displayed with the provider populated from the **Operation** screen.

Date	Code	Fee Scaler	Band (u)	Name	Qty	Fee Scale	Sub Scale	?	Fee %	Fee	Sub %	Subsidy	Gap (h)	GST
19/09/2019	42702 (CB)	BUPA INS. BUPA	No Band	Lens extraction and insertion of artificial lens	1.00	1,600.00	1,600.00	☑	100.0000	1,600.00	100.0000	1,600.00		>
19/09/2019	EG010 (PS)	BUPA INS. BUPA	No Band	Artiflex Anterior Chamber Intraocular Lens	1.00	723.00	723.00	☑	100.0000	0.00	100.0000			>
19/09/2019	BAND3 (AC)	BUPA INS. BUPA		Accommodation Band	1.00			☑	100.0000	0.00	100.0000			>
19/09/2019		BUPA INS. BUPA			1.00			☑	100.0000		100.0000			>

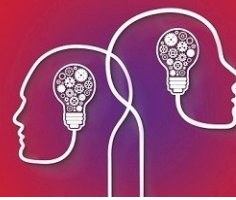
## DAY STAY EPISODE / HEALTH FUND QUOTE

- The **Service Date** will populate with today's date unless the operation has been booked in the appointment book and then the operation date will display in the service date field.
- The item code will populate from the **Operation** screen and the operation will automatically link to the quote.
- Insurer will be populated into the **Insurer** and **Less Redirection to** field. It is important to leave the health fund in both fields for the Online Eligibility Check.

*Important: OEC must also be run from the day surgery quote. This enables you to run a report to see whether the patient is eligible for the selected procedure in the day surgery and what excess they must pay.*

12. Tick the **VIP Easyclaim Authorised** tick-box and click the **OEC** button

*Tip: Running the OEC will save the quote. Print the quote from the patients Transaction screen (F8).*



The **VIP Easyclaim Online Eligibility Checking** screen is displayed populated with the patient's information, the procedure Items, the claim type (dependant on the health fund's contract with your surgery) and for the same day status.

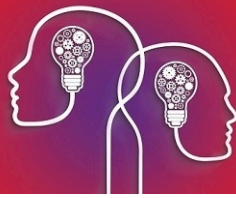
13. Complete the **Presenting Illness Code** field.
14. Click the **Online Eligibility Check** button to run the check.
15. Click the **Exit** button.
16. Click the **Medicare Online Claiming** button at the top of the screen.
17. Click the **8. Online Eligibility Check Reporting** button
18. Select the OEC claim you wish to check
19. Click the **Get Process Report** button
20. A report will display with the patient's eligibility for cover by their health fund.

## Enter details after the day stay procedure

The **Cancer Details** (QLD only) and the **Discharge Details** will need to be checked and completed after the operation.

### Cancer details (QLD Only)

1. Click the **Cancer Details** tab if required.
2. Click the **Add New** button to record the fields.



Daystay Episodes for Caleb, Christopher (Id:32; State:QLD)

Browse | Personal and Admission Details | Diagnosis and Procedures | **Cancer Details** | Discharge Details

**Primary Sites Of Cancer**

Primary Site Number	Cancer Code	Description

Add New Remove

Multiple Primary Site Number:

Primary Site of Cancer Code:  Morphology Code:

Primary Site of Cancer Text:

Date of First Diagnosis:

Suburb of usual residence at First Diag:

Laterality of Cancer:

Basis of Diagnosis:

Reasons for Clinical Diagnosis Code:

Details for Clinical Diagnosis:

Comments:

Laboratory Facility Number:

Laboratory Specimen Number:

Incomplete OK Cancel

## Discharge details

1. Click on the **Discharge Details** tab.

Daystay Episodes for Caleb, Christopher (Id:32; State:QLD)

Browse | Personal and Admission Details | Diagnosis and Procedures | Cancer Details | **Discharge Details**

Easyclaim Link to Existing Transaction **Invoice**

Admission Date/Time \* 19/09/2019 09:00 (eg. 27/08/2007 23:20)

Discharge Date/Time \* 19/09/2019 15:20 (eg. 27/08/2007 23:20)

Drops Administered: / / : (eg. 27/08/2007 23:20)

Mode of Separation \* 01 Home/usual residence

Cause of Death:

Palliative Care Required?  Palliative Care Days:  Autopsy Flag?

Unplanned Theatre Visit?  Hrs on Mech. Vent:  Hours in ICU:

Funding Source \* 02 Private health insurance

Transferring to Facility:

Contract Role:

Contract Type:

Contract Admitted?

Contracting Hospital Identifier:

**Discharge Details**

Anaesthetic: IV/Regional

Theatre Times \* Start (eg 23:20) 10:00 End 10:30 Duration (min) 30

Anaesthetic Start time 09:55 Accommodation Band \* 3

Surgeon/Provider \* Holle-Raye, Felica @JDS Assisting Provider

Anaesthetist Anaes, Kevin @Haas Medical G Assisting Provider 2

Scout Nurse Scrub Nurse

Principal & Secondary MBS Items

**Charges:** (Codes separated by "." eg. 42702, 323)

Accommodation 0.00 Theatre 0.00 Bundled 0.00

Prosthesis 0.00 Other 0.00

Admission Code \*

Accommodation Code \*

Discharge Code \*

Payment Type Code

Transfer Code In

Transfer Code Out

Same Day Status Code \*

Mental Health Legal Status Code \*

Inter-Hospital Contracted Patient Code \*

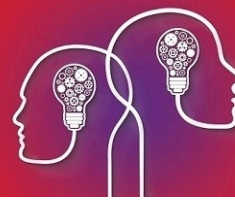
Completion Details

Complete Print P1 Print P2 Print P1 & P2 DVA Form Print Certificate

Incomplete OK Cancel

2. Check and amend the **Admission Date/Time** and **Discharge Date/Time** fields.
3. Once the **Mode of Separation** has been selected, click back on the **Diagnoses and Procedure** tab to generate the DRG code.
4. Click Generate **DRG** button.

**Important:** A default option can be defined in the **Day Stay Preferences** enabling the DRG code to be generated prior to completing the **Discharge Details** tab.



- The DRG code will depend on the procedures and diagnoses selected. 960Z is always listed as 'Ungroupable' in the DRG version list.
- Click back on the **Discharge Details** tab and complete the details on the left-hand side of the screen ensuring that compulsory fields are completed.

**Important:** Fields marked with a red asterisk are compulsory and must be completed for the **Day Stay Episode** to be validated for transmission. Fields may have a default entry displayed from the **Day Stay Preferences**.

- The **Anaesthetic** details will populate from the **Operation** screen.
- Complete the **Theatre times** and **Anaesthetic Start Time**.

The **Theatre times** and **Anaesthetic Start Time** will be used to generate and populate the **Accommodation Band**.

- Ensure all required fields are completed on the **Discharge Details** tab.

## Invoice the day stay episode

Billing from the **Day Stay Episode** must be completed prior to completing the episode. When a **Day Stay Episode** is completed the **Invoice** and the **Link to Existing Transaction** buttons are locked and unavailable.

**Important:** Do not add additional items to the day stay invoice in the **Consultation** screen. Additional items must be added through the **Operation** screen.

- Click the **Invoice** button on the top right hand of the **Discharge Details** screen.

The **Consultation** screen will be displayed.

Consultation - Caleb, Christopher

Invoice Date: 19/07/2019  
 Service Date: 19/07/2019  
 Provider: Holte-Raye, Felicia @JDS  
 Revenue: Burgery  
 Fee Scaler:  
 Subsidiser:  
 Insurer: BUPA INS, BUPA  
 Notes:

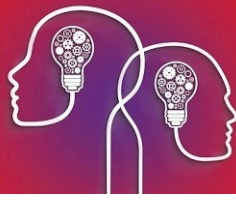
Referral: Ref from: Brenda Started: 13/03/2019 Exp: 12/03/2020 Ref: [dropdown] Update (9) (1 available)

Print Form (0)  In-Patient (J)  VIP Easyclaim Authorised  
 Patient is responsible for subsidy collection (z) Hospital: JDS, Jackson Day Surgery  
 Distance: 0 kms  
 Bulk Billed Service Type: S, Specialist

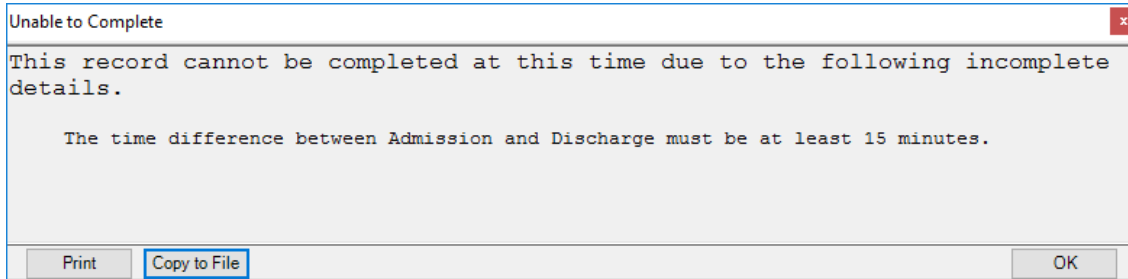
Link Claim Linked OP: 19/09/2019 ID:1059

Date	Code	Fee Scaler	Band (u)	Name	Qty	Fee Scale	Sub Scale	Fee %	Fee	Sub %	Subsidy	Gap (h)	GST
19/07/2019	42701 (CB)	BUPA INS, BUPA	No Band	Intraocular lens, insertion of, excluding surgery per	1.00	1,549.00	1,549.00	100.0000	1,549.00	100.0000	1,549.00		>
19/07/2019	EG010 (FS)	BUPA INS, BUPA	No Band	Artiflex Anterior Chamber Intraocular Lens	1.00	723.00	723.00	100.0000	0.00	100.0000			>
19/07/2019	BAND3 (AC)	BUPA INS, BUPA		Accommodation Band 3	1.00			100.0000	0.00	100.0000			>
19/07/2019		BUPA INS, BUPA			1.00			100.0000	100.0000				>

Assistance Fees?  Redirection Amount:  Fee (w)  Subsidy (x)  Gap (y)  
 Excess: 400.00 Totals (GST Incl.): 1,549.00  
 1. Less Redirection to: BUPA INS, BUPA (Insurer)  
 2. Balance to be paid by:  Other



The invoice will not display if the Day Stay Episode does not meet Bp VIP.net validation, a floating notification **Unable to Complete** will display enabling the user to amend the episode before trying to invoice again.



- The Invoice and Service date will populate from the appointment book date.
2. Change the **Invoice Date** if you are generating the invoice after the date of the operation (Service Date). Ctrl+D in the **Invoice Date** field will populate “today’s” date.

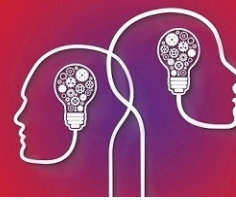
---

***Important:** When the invoice is saved, the Invoice date becomes locked. Ensure you are modifying the **Invoice Date** when you first generate the invoice.*

---

- The **Insurer** field will populate the patient’s health fund from the **Patient Details**.
  - The **Linked OP** button will show the date of the operation.
  - The **In-Patient** tick-box and **Hospital** will populate from the **Day Stay Episode** and **Operation** screens.
  - The item **Codes** will have generated from the procedures recorded on the patient’s **Operation** screen, the **Diagnoses and Procedures** tab and the **Accommodation Band** on the **Discharge Details** tab.
3. The patient’s health fund will populate in the **Less Redirection to** field.
  4. Select the **VIP Easyclaim Authorised** tick box and click the **Easyclaim** button to send the claim through Easyclaim.

The **VIP Easyclaim In Hospital Claims** screen is displayed.



VIP Easyclaim

Claim Data Charges

**IN HOSPITAL CLAIMS**

Patient Name: Adelaide, Simon  
 Birthdate: 04/02/1963 Sex: M  
 Building/Box: [ ]  
 No/Street: 96 Frederick Cr  
 Suburb/City: Meranatha  
 Postcode: 3294 State: VIC  
 Country: Australia  
 Medicare Card No: [ ]  
 Health Fund: BUPA (Insurer) BUP  
 Health Fund Member No: 1232123  
 Hospital Name/Facility ID: Jackson Day Surgery 9988770W  
 Facility Type: PrivateHospital  
 Referring Facility: [ ]  
 Transfer Code Out: [ ]  
 Facility Transferred to: [ ]  
 Transfer Code In: [ ]

Admission Date: 0/09/2019 09:44  
 Discharge Date: 0/09/2019 15:00  
 Compensation Claim:   
 Episode Remarks: [ ]

Patient Classification Code: SU Surgical  
 Elective Patient Status: 1 Emergency admission  
 Mode of Separation: 01 Home/usual residence  
 Care Type: 06 Other care  
 Inter-Hospital Contracted Patient Code: 1 Inter-Hospital contracted patient fr  
 Mental Health Legal Status Code: 9 Not reported/unknown  
 Palliative Care Required?  Palliative Care Days: [ ]  
 Re-admission within 28 Days: 8 Not Applicable  
 Source of Referral/Transfer: 02 Emergency dept - this hospital  
 Same Day Status Code: 1 Same Day Patient

Unplanned Theatre Visit?   
 Submit MOR Segment  Submit Certificate (CER)   
 Casemix/Service Code Type Indicator: [ ]  
 CertificateTypeCode: [ ]  
 Certificate Details: [ ]

Menu Exit

5. Check the data that has populated from the **Day Stay Episode**.
6. Click the **Charges** tab, check the details and click the **Send Claim** button to send the claim.

VIP Easyclaim

Claim Data Charges

Charges

Bundle Charges (Single Valued Benefit - SVB): 1,549.00  
 Accomodation Charges (ACD + CCG): 0.00  
 Theatre Charges (PSG + MSG): 0.00  
 Transport Charges (TRG): 0.00  
 Other Charges (MIG): 0.00  
 Total Hospital Charges: 1,549.00  
 Total Medical Charges (MED): 0.00  
 Total Charges: 1,549.00

Claim Reference: 384  
 Send Claim

Diagnoses

Date	Code	Description	Diagonset	Location	Place	Activity
19/09/2019	H26.9	Cataract, unspecified	1	Right		

Dr Code: 9602 Dr Version: 69 Ventilation Hrs: [ ]

MBS Procedures

Date	Code	Description	Location	Qty
19/07/2019	42701	Intraocular lens, insertion of, excluding surgery performed for the correctio	Right	1

ICD-10 Procedures

Date	Code	Description	Location	Qty
19/07/2019	*42701-00	Insertion of intraocular lens	Right	1

Transactions

Date	Code	Name	Fee
19/07/2019	42701 (CB)	Intraocular lens, insertion of, excluding surgery performed for the correction of refractive error except for anisometropia gr	1549.00
19/07/2019	EG010 (PS)	Artiflex Anterior Chamber Intraocular Lens	0.00
19/07/2019	BAND3 (AC)	Accommodation Band 3	0.00
19/07/2019	EXCESS		400.00

Menu Exit

The **HIC Claim Sent Successfully** pop-up will display if transmission is successful.

7. Click on the **Medicare – Online Claiming** button to manage the IHC claims



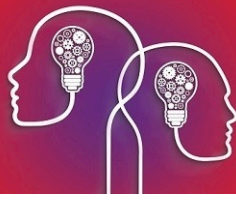
9. IHC Claim Reporting

When an invoice has been successfully generated from the **Day Stay Episode**, the **Invoice** button will display in red.

Easyclaim

Link to Existing Transaction

Invoice



**Tip:** The **Link to Existing Transaction** button will enable you to link an invoice created externally to the **Day Stay Episode** such as when converting a quote to an invoice. The invoice will be validated on several conditions prior to enabling the linking: 1. the invoice cannot be bulk billed, 2. the invoice cannot be linked to another Day Stay Episode, 3. The invoice must have procedure codes.

## Troubleshoot the day stay invoice

If the day stay invoice included items with the incorrect fee, ensure that the **Operations** screen has all the items listed.

**Important:** Ensure you are **NOT** adding additional items to the day stay invoice after the invoice has been generated from the **Day Stay Episode**.

## What happens to the patient excess?

1. After the day stay invoice has been generated, click the F8 button to display the patient's **Transactions** screen.

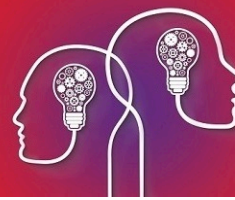
Date	Details	Amount
19 Sep 2019	(INV:401) EXCESS CHARGED	
19 Sep 2019	(INV:402) DAYSTAY EPISODE CHARGED 42702 (CB)* (TB) Lens extraction and insertion of artificial lens EG010 (PS)* (TB) Artiflex Anterior Chamber Intraocular Lens BAND3 (AC)* (TB) Accommodation Band 3	
19 Sep 2019	(INV:402) DAYSTAY EPISODE TRANSFERRED TO HEALTH FUND 42702 (CB)* (TB) Lens extraction and insertion of artificial lens EG010 (PS)* (TB) Artiflex Anterior Chamber Intraocular Lens BAND3 (AC)* (TB) Accommodation Band 3	
19 Sep 2019	(INV:402) CREDIT - EXCESS OFFSET FROM TRANSFER	

- The **Excess** invoice should display first.
- The day stay invoice will display with the redirection of the credit and the final line will display the excess offsetting the day stay invoice balance.

## Invoice the surgeon's fees

The surgeon's fees are charged separately to the **Day Stay Episode**. Follow the instructions below if you also use Bp VIP.net to invoice the Doctor's fees.





1. Select the operation from the **Appointment Book** and click the F5 button.

Date	Code	Fee Scaler	Subsidiser	Name	Qty	Fee Scale	Sub Scale	Fee %	Fee	Sub %	Subsidy	Gap (h)	GST
19/09/2019	42702	BUPA FEE, BUP	BUPA SUB, BUP	Lens extraction and insertion of artificial lens	1.00	1,251.60	1,251.60	100.0000	1,251.60	100.0000	1,251.60		
19/09/2019	EG010 (P5)	BUPA FEE, BUP	BUPA SUB, BUP	Artiflex Anterior Chamber Intraocular Lens	1.00	723.00		100.0000	723.00	100.0000		723.00	
19/09/2019		BUPA FEE, BUP	BUPA SUB, BUP		1.00			100.0000		100.0000			

2. Remove the prosthesis which is included in the **Day Stay Episode** invoice by deleting the item code from the invoice.
3. Add the patient's health fund (or corresponding umbrella organisation i.e. AHSA) into the **Fee Scaler** and **Subsidiser** fields.
4. Check that the patient's health fund is also displayed in the **Less Redirection to** field.
5. If sending the invoice through Easyclaim, tick the **VIP Easyclaim Authorised** tick-box and click the **Easyclaim** button.
6. Verify details on the **In-Patient Medical Claims** form and click the **Send Claim** button to transmit.

*Tip: If the claim is not being sent through Easyclaim, click the **OK** or **Print** button to save the invoice.*

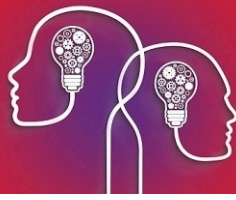
7. Click on the **Medicare – IMC Claim Reporting** to manage the IMC claims



2. IMC Claim Reporting

## Print the claim forms

At the bottom of the Discharge Details screen are the print buttons for the *National Private Hospital Claim Form* including the *DVA Discharge Advice and Hospital Claim Form* and the *Day Only Procedures and Overnight Stay Certificate*.



- **Print P1** Although the *National Private Patient Hospital Claim Form* can be printed prior to invoicing the **Day Stay Episode** from the **Personal and Admission Details** for the patient to check and sign, it can also be printed from the **Discharge Details**.
- **Print P2** Displays page 2 and 3 of the *Hospital Accommodation Details* and can only be printed from the **Discharge Details**. Page 2-3 should only be printed after invoicing.

*Tip: Page 1 and Page 2 are displayed on separate halves of the page so that they can be printed together by placing the completed page 1 into your printer's tray in such away the page 2 gets printed alongside it.*

- **Print P1 & P2** Displays the entire *National Private Patient Hospital Claim Form* populated with information completed on the **Day Stay Episode**. The entire form should only be printed after invoicing.
- **DVA Form** For DVA patients only. Displays the *DVA Discharge Advice and Hospital Claim* form populated with information completed on the **Day Stay Episode** and can only be printed from the **Discharge Details** after the invoice has been generated.
- **Print Certificate** Displays the *Day Only Procedures and Overnight Stay Certificate* which can be printed at any time. This is a manual form and is not populated with information from the **Day Stay Episode**.

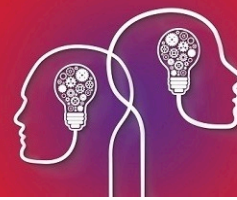
8. Click the required form button to display the form.

9. Either select the **Print** button or the **Email** button to email the form.

**Important:** The print buttons will become locked once the **Day Stay Episode** has been 'COMPLETED'. Ensure you are printing the forms prior to completing the **Day Stay Episode**.

## Complete the day stay episode

When all required fields have been completed in the **Day Stay Episode**, the day stay invoice has been



generated and the forms printed, the episode can be completed.

1. Click the **Complete** tick-box at the bottom of the **Discharge Details** screen.

Bp VIP.net will check and validate that all compulsory fields have been completed and that times have completed correctly.

**Important:** If the **Day Stay Episode** does not meet Bp VIP.net validation, a floating notification **Unable to Complete** will display enabling the user to amend the episode for completion.

When the episode has been successfully completed, the tick will remain in the **Complete** tick-box and all details of the episode are locked.

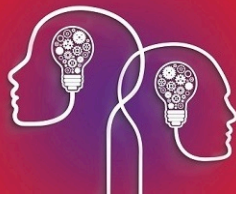
The episode will display in the **Browse** tab as **Complete and Queued**.

Admission	Discharge	Main Procedure	State	DVA	PHDB	HFund	Status
19/08/2019 01:42	19/08/2019 15:00	insertion of intraocular lens				Yes	Complete and Transmitted
19/09/2019 09:00	19/09/2019 15:20	insertion of intraocular lens					Complete and Queued

The Operation screen will also display in read-only with the notification that the details are **Unable to be edited as this operation is linked to a completed Day Stay episode**.

## Batch the day stay episodes

When the **Day Stay Episode** has been completed, the episodes must be batched and sent to the State Health Department per health fund.



1. Click **File > Communications > Transmit Day Stay Episodes**.

Hospital	Org/Insurer	Date	Records	Filename	Period	DiskId
Jackson Day Surgery	BUPA	19/09/2019	15	BUP-1235-August2019.bt	August2019	1

Buttons: New, Review, Delete, Re-Transmit, Filter, Close

2. Click the **New** button to create a new batch.

The **Create New Transmit File for Day Stay Episodes** window is displayed.

3. Select the appropriate radio button for sending either **New** or **Corrected** records.

Hospital: JDS, Jackson Day Surgery

Generate file(s) for: HCP, Private Health Funds

Choose Health Fund: BUPA INS, BUPA

Select Month to Transmit: August 2019

NB: Extract will contain **NEW** records in selected month, but also contain any unsent resubmissions regardless of month

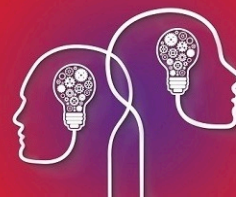
Buttons: OK, Cancel

4. Select your **Hospital** (if not already displayed).
5. Select the required option from the **Generate files(s) for** field.

---

**Important:** A batch needs to be generated for each of the different departments displayed in the drop-down list in the **Generate file(s) for** field.

---



6. Select the health fund - if **HCP, Private health funds** was selected in the previous field.
7. Select **Month to Transmit** (note you cannot select the current month until the month is completed).
8. Click the **OK** button.

EpisodeID	Patient Name	Birth Date	UR Number	Admitted	Separated	File Number
27	Watts, Gregory	12/05/1970	3	23/07/2019 1:50 PM	23/07/2019 2:20 PM	3
31	Caleb, Christopher	13/11/1954	1	19/07/2019 9:33 AM	19/07/2019 3:20 PM	1

A **Transmission error** will show if there are any issues

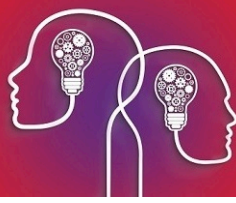
***Important:** A notification will also display if there are episodes that have not been sent to the health fund in a previous reporting period. Ensure these are batched separately within the correct reporting period.*

Patient Name	Birth Date	File Number	UR Number	Admitted
Tumidus Oculus	21/05/1967	006	7	18/01/2017 12:15

9. Click **OK** on the **Day Stay Episodes to be Transmitted** screen.

The **Select Method to Transmit Day Stay Episodes** window is displayed.

10. Select either **Send Data via Email** (an email screen will be displayed with dated episode txt file attached) or **Send Data via Disk** to save the dated episode txt file locally on the computer.
  - **Review** displays the **Day Stay Episode**
  - **Delete** deletes the day stay batch if it has not been transmitted previously.



- **Re-Transmit** displays the episode txt file for you to send off to the health fund.
- **Filter** displays by hospital and or who the file has been generated for.

When an episode has been transmitted, the patient episode will show as **Complete and Transmitted** in the patient's **Day Stay Episodes** screen.

## Produce the Bp VIP.net Day Stay Report

An inbuilt report on **Day Stay Episodes** will display the main patient information per episode. This report will assist your clinic in reporting a break down of your **Day Stay Episodes** to your State Department.

### 1. Click **Reports > Day Stay Summary**

The report is displayed.

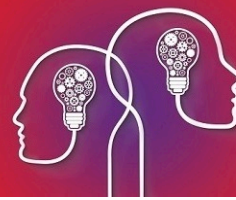
Patient	DOR	Provider	Items	Health Fund	File #	UR #	Admitted	Separated	Discharge Time
Abdelkhalik Simon	04/02/1963	Ophthalmology, Okla		BUPA NS, BUPA	4	4	08/09/2016 14:40	08/09/2016 14:00	20
Abdelkhalik Simon	04/02/1963	Ophthalmology, Okla		BUPA NS, BUPA	4	4	07/01/2016 10:20	07/01/2016 10:00	40
Abdelkhalik Simon	04/02/1963	Decide, Okla	42702 00 Invention of intraocular lens into posterior chamber and suture to its iris in situ	BUPA NS, BUPA	4	4	08/01/2016 10:00	08/01/2016 10:00	30
Abdelkhalik Simon	04/02/1963	Hillel Papp, Palca	42701 00 Invention of intraocular lens	BUPA NS, BUPA	4	4	18/09/2016 14:20	18/09/2016 10:00	20
Abdelkhalik Simon	04/02/1963	Hillel Papp, Palca	42701 00 Replacement of intraocular lens	BUPA NS, BUPA	4	4	20/09/2016 04:40	20/09/2016 10:00	20
Blago Janez	01/07/1964	Ophthalmology, Okla	42702 00 Extracapsular extraction of cataract lens by single incision (endophthalmitis)	BUPA NS, BUPA	006	6	19/09/2016 10:00	19/09/2016 10:00	10
Cable Christopher	13/11/1954	Hillel Papp, Palca	42701 00 Invention of intraocular lens	BUPA NS, BUPA	1	1	19/09/2016 01:40	19/09/2016 10:00	20
Cable Christopher	13/11/1954	Hillel Papp, Palca	42701 00 Invention of intraocular lens	BUPA NS, BUPA	1	1	18/09/2016 03:20	18/09/2016 10:00	20
Cable Christopher	13/11/1954	Hillel Papp, Palca	32284 00 Removal cataract lens to hepatic flexure, with biopsy	BUPA NS, BUPA	1	1	26/09/2016 00:00	26/09/2016 00:00	10
Cable Christopher	13/11/1954	Ophthalmology, Okla	42701 00 Invention of intraocular lens	BUPA NS, BUPA	1	1	18/09/2016 03:20	18/09/2016 10:00	20
Cable Simon	18/09/1934	Hillel Papp, Palca	42701 00 Invention of intraocular lens	STS, STS	1	1	14/03/2016 00:00	14/03/2016 00:00	10
Cable Simon	18/09/1934	Hillel Papp, Palca		STS, STS	28	28	20/09/2016 10:00	20/09/2016 14:40	10
Lee Ding	20/07/1969	Hillel Papp, Palca		HP, Medicare Private	28	28	14/03/2016 10:00	14/03/2016 10:00	20
Lumley-Cole	20/09/1932	Stark, Stargem		BUPA NS, BUPA	13	13	27/01/2016 14:20	27/01/2016 14:00	10
Marshall Jane	10/12/1966	Decide, Okla		BUPA NS, BUPA	23	23	12/10/2016 16:40	12/10/2016 10:30	20
Marshall Wayne	20/10/1964	Hillel Papp, Palca		STS, STS	29	29	14/03/2016 10:00	14/03/2016 10:00	20
Tumala Douglas	21/05/1967	Ophthalmology, Okla	42702 10 Other extraction of cataract lens with invention of foldable artificial lens	BUPA NS, BUPA	006	7	02/09/2016 07:20	02/09/2016 07:40	20
Tumala Douglas	21/05/1967	Ophthalmology, Okla	42702 10 Other extraction of cataract lens with invention of foldable artificial lens	BUPA NS, BUPA	006	7	18/01/2016 10:00	18/01/2016 10:00	40
Tumala Douglas	21/05/1967	Ophthalmology, Okla		BUPA NS, BUPA	006	7	07/02/2016 10:00	07/02/2016 10:00	10
Tumala Douglas	21/05/1967	Ophthalmology, Okla		BUPA NS, BUPA	006	7	24/10/2017 10:00	24/10/2017 10:30	20
Tumala Douglas	21/05/1967	Dr Wayne Tompkins		BUPA NS, BUPA	006	7	20/06/2017 11:40	20/06/2017 11:10	20
Watts Gregory	12/05/1939	Ophthalmology, Okla	42701 00 Invention of intraocular lens	BUPA NS, BUPA	3	3	23/01/2016 10:00	23/01/2016 14:20	20

- Use the filters at the top of the report to filter the results.
- Use the **Validate Episodes** button at the bottom of the report to ensure all **Day Stay Episodes** are validated prior to transmission.

## Amend the excess paid on a day stay billing

If the patient has paid the excess in full, but the health fund has subsidised a portion of the excess, you can correct the excess amount paid by a patient.

For example, say a patient has paid their excess for a daystay surgery of \$300. A daystay invoice for \$1315.00 has been redirected to the patient's health fund. However, the health fund has provided a cheque for \$1445 which includes \$130 toward the excess. The patient's excess needs to be reduced from \$300 to \$170.



**Important:** You cannot just modify the excess from the **Consultation** screen. You must reverse and rebill the episode.

1. Press F8 to open the **Transaction** screen for the patient.
2. Select the daystay invoice with the excess and click **Requote**. Bp VIP.net will ask you to confirm that you want the consultation converted into a quote.

Transactions - Test, Jackson

VIP 2000 Filter Reset Print  Show Items  Showing Owing Only  Show Tagged  Easyclaim Authorised  
 Find Next Tag Untag All  Show Journal Entries  Show Refunds As Owing  Show Deleted Easyclaim Reject  
 Sort by  System  Operator Show  System Date  Operator Date (0.00 credit on hold available.) Print Medicare Form

Date	Details	Qty	Charged	Subsidy	Batch	Debit	Owing	Credit	Balance
- 05 Aug 2013	[354]	1.00	300.00			300.00			300.00
	EXCESS* (TB) Excess	1.00	300.00			300.00			
- 05 Aug 2013	ChequePayment 1316 [354]							300.00	0.00
	EXCESS* Excess							300.00	
- 05 Aug 2013		2.00	1615.00	1615.00		1615.00			1,615.00
	3 (AC)* (TB) Accommodation Band 3	1.00							
	42702 (CB)* (TB) Lens extraction and insertion of artificial le...	1.00	1615.00	1615.00		1615.00			
- 05 Aug 2013	Credit - Transferred to Medibank Private							1315.00	300.00
	3 (AC)* Accommodation Band 3								
	Excess							-300.00	
	42702 (CB)* Lens extraction and insertion of artificial lens, e...							1615.00	
- 05 Aug 2013	Credit - Excess offset from transfer							300.00	0.00
	Excess							300.00	

3685 Consultation Provider: Derm, Bert Dermatologist Subsidiser: Medibank Private Created by zxc on 05/08/2013 10:04:27  
 Revenue: Houston Day Surgery Status: Modified by zxc on 05/08/2013 10:04:32  
 Reference: 1169 Payor:

Comments:

Modify Delete Reverse **Requote** Refund Credit Balances Delete Invoice [354] Reprint Invoice [354] Attach to DaySurgery Close

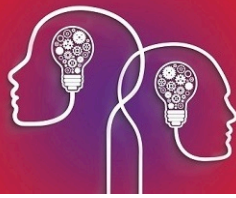
3. Click **OK**. The **Transaction** screen will show the credit on hold available.

Transactions - Test, Jackson

VIP 2000 Filter Reset Print  Show Items  Showing Owing Only  Show Tagged  Easyclaim Authorised  
 Find Next Tag Untag All  Show Journal Entries  Show Refunds As Owing  Show Deleted Easyclaim Reject  
 Sort by  System  Operator Show  System Date  Operator Date (300.00 credit on hold available.) Print Medicare Form

Date	Details	Qty	Charged	Subsidy	Batch	Debit	Owing	Credit	Balance
- 05 Aug 2013		2.00	1615.00	1615.00		1615.00			1,615.00
	3 (AC)* (TB) Accommodation Band 3	1.00							
	42702 (CB)* (TB) Lens extraction and insertion of artificial le...	1.00	1615.00	1615.00		1615.00			
- 05 Aug 2013	Credit - Transferred to Medibank Private							1315.00	300.00
	42702 (CB)* Lens extraction and insertion of artificial lens, e...							1615.00	
	3 (AC)* Accommodation Band 3								
	Excess							-300.00	
- 05 Aug 2013	Credit - Excess offset from transfer							300.00	0.00
	Excess							300.00	
- 05 Aug 2013	Quote 128	1.00	300.00			300.00			
	EXCESS* (TB) Excess	1.00	300.00			300.00			
- 05 Aug 2013	Cheque Transferred							300.00	300.00CR
	EXCESS* Excess							300.00	

4. Select the consultation and click **Reverse**. Lines related to the original invoice will be removed from the **Transaction** screen.



Transactions - Test, Jackson

VIP 2000 Filter Reset Print  Show Items  Showing Owing Only  Show Tagged  Easyclaim Authorised

Find Next Tag Untag All  Show Journal Entries  Show Refunds As Owing  Show Deleted Easyclaim Reject

Sort by  System  Operator Show  System Date  Operator Date (300.00 credit on hold available.) Print Medicare Form

Date	Details	Qty	Charged	Subsidy	Batch	Debit	Owing	Credit	Balance
05 Aug 2013	3 (AC)* (TB) Accommodation Band 3	2.00	1615.00	1615.00		1615.00			1,615.00
	42702 (CB)* (TB) Lens extraction and insertion of artificial le...	1.00	1615.00	1615.00		1615.00			
05 Aug 2013	Credit - Transferred to Medbank Private							1315.00	300.00
	42702 (CB)* Lens extraction and insertion of artificial lens, e...							1615.00	
	3 (AC)* Accommodation Band 3								
	Excess							-300.00	
05 Aug 2013	Credit - Excess offset from transfer							300.00	0.00
	Excess							300.00	
05 Aug 2013	Quote 128	1.00	300.00			300.00			
	EXCESS* (TB) Excess	1.00	300.00			300.00			
05 Aug 2013	Cheque Transferred							300.00	300.00CR
	EXCESS* Excess							300.00	

3687 Consultation Provider: Derm, Bert Dermatologist Subsidiser: Medicare Hospital Created by zxc on 05/08/2013 10:04:49  
 Revenue: Houston Day Surgery Status: Modified by zxc on 05/08/2013 10:04:50  
 Reference: 1170 Payor:

Comments:

Modify Delete Reverse Requote Refund Credit Balances Create New Statement Create New Invoice Attach to DaySurgery Close

5. Press Ctrl+F8 to open the patient's Daystay episode. Change the **Excess** amount and click **Charge Excess**.

Excess  Co-Payment  **Charge Excess**

Cover commenced

Cover  Top  Base  None  Restricted

Comments

The **Consultation** screen will open showing the changed 'Excess' item.

Consultation - Test, Jackson

Date: 05/08/2013 Referral:  Update (9) OK

Provider: Derm, Bert Dermatologist  Print Form (0)  In-Patient (I) MERCY, Mercy Hospital (0 available) Cancel

Revenue: Houston Day Surgery  Bulk Bill Distance: 0 kms  (0.00)

Fee Scaler:  Patient is responsible for subsidy collection (z) Service Type: S, Specialist

Subsidiser:   VIP Easyclaim Authorised Easyclaim (3) OEC (4)

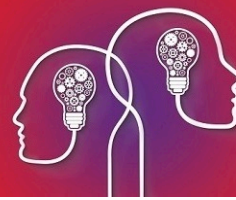
Insurer: MBP, Medbank Private Known Gap:

Notes:

Date	Code	Fee Scaler	Band (u)	Name	Qty	Fee Scale	Sub Scale	?	Percent	Fee	Subsidy	Gap (h)	GST
05/08/2013	EXCESS	MBP, Medbank	No Band	Excess	1.00	0.00	0.00	<input checked="" type="checkbox"/>	100.0000	170.00	0.00	170.00	<input type="text"/>
05/08/2013		MBP, Medbank			1.00	0.00	0.00	<input checked="" type="checkbox"/>	100.0000	0.00	0.00	0.00	<input type="text"/>

6. Press F6 to open the **Payment** screen. Tag the daystay consultation and enter the new excess amount in the **Less Credit on Hold** field. Click **OK** to save the new payment.





Payment - Test, Jackson

Date	Debtor	Details	Pay	Credit
05/08/2013	Test, Jack...		170.00	0.00

Date: 05/08/2013

Total to be Credited: 170.00  
 Less Discount: 0.00 (0.000 %)  
 Less Credit On Hold: 170.00 (300.00 available)  
 Total to be Paid: 0.00

Reference #	Payor	Type	Acct Credit	+ Cash Out	\$ Tendered
		Cheque	1	0.00	0.00
		EFTPOS	2	0.00	0.00
		Cash	3	0.00	0.00
Totals			0.00	0.00	0.00
Difference			0.00		

1 patients/organisations tagged. m(s) to be paid: 170.00 0.00

Sort by: System Operator Show System Date Operator Date Show Owing Refunds Show Quotes Show Tagged records VIP Easyclaim Authorised Easyclaim

Date	Details	Qty	Charged	Subsidy	Batch	Gap	Owing
05 Aug 2013		1.00	170.00			170.00	170.00

7. Go back to the **Daystay Episodes** screen (Ctrl+F8) and select the **Discharge Details** tab. Click **Invoice** to re-invoice the daystay episode. In the **Consultation** screen, the updated **Excess** will be visible.

Consultation - Test, Jackson

Date: 05/08/2013 Referral: [ ] Update (9)

Provider: Dem, Bert Dermatologist  Print Form (0)  In-Patient (j) MERCY, Mercy Hospital (0 available)

Revenue: Houston Day Surgery  Bulk Bill Distance: 0 kms

Fee Scaler:  Patient is responsible for subsidy collection (z) Service Type: S: Specialist (130.00)

Subsidiser: MHOSP, Medicare Hospital VIP Easyclaim Authorised Easyclaim (3) OEC (4) Invoice (F7)

Insurer: MBP, Medibank Private

Notes: [ ]

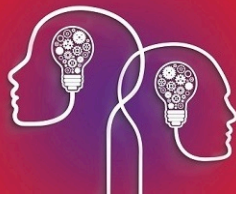
Known Gap: [ ]

Date	Code	Fee Scaler	Band (u)	Name	Qty	Fee Scale	Sub Scale	?	Percent	Fee	Subsidy	Gap (h)	GST
05/08/2013	42702 (CB)	MBP, Medibank	No Band	Lens extraction and insertion of artificial le	1.00	1615.00	1615.00	<input checked="" type="checkbox"/>	100.0000	1615.00	1615.00	0.00	<input checked="" type="checkbox"/>
05/08/2013	3 (AC)	MBP, Medibank		Accommodation Band 3	1.00	295.00	295.00	<input checked="" type="checkbox"/>	100.0000	0.00	0.00	0.00	<input checked="" type="checkbox"/>
05/08/2013		MBP, Medibank			1.00	0.00	0.00	<input checked="" type="checkbox"/>	100.0000	0.00	0.00	0.00	<input checked="" type="checkbox"/>

Redirected Amount:  Fee (w)  Subsidy (x)  Gap (y) Excess: 170.00 Totals (GST Incl.): 1615.00 1615.00 0.00

1. Less Redirection to: MBP, Medibank Private P.O. Box 2132 1615.00

2. Balance to be paid by: [ ] Other 0.00



8. Click **OK**. If you view the patient's **Transaction** screen (F8), the daystay billing will be updated to show:

- The correct excess paid using credit on hold
- The daystay episode has been invoiced the correct excess
- The correct amount has been redirected to the health fund.

Transactions - Test, Jackson

VIP 2000 Filter Reset Print  Show Items  Showing Owing Only  Show Tagged  Easyclaim Authorised  
 Find Next Tag Untag All  Show Journal Entries  Show Refunds As Owing  Show Deleted Easyclaim Reject  
 Sort by  System  Operator Show  System Date  Operator Date (130.00 credit on hold available.) Print Medicare Form

Date	Details	Qty	Charged	Subsidy	Batch	Debit	Owing	Credit	Balance
05 Aug 2013	Cheque Transferred							300.00	300.00CR
	EXCESS* Excess							300.00	
05 Aug 2013	[355]	1.00	170.00			170.00			130.00CR
	EXCESS* (TB) Excess	1.00	170.00			170.00			
05 Aug 2013	Refund - Credit on Hold Refund	1.00	170.00			170.00			40.00
	EXCESS (TB) Excess	1.00	170.00			170.00			
05 Aug 2013	Credit - Transferred Credit on Hold [355]							170.00	130.00CR
	EXCESS* Excess							170.00	
05 Aug 2013		2.00	1615.00	1615.00		1615.00			1,485.00
	42702 (CB)* (TB) Lens extraction and insertion of artificial le...	1.00	1615.00	1615.00		1615.00			
	3 (AC)* (TB) Accommodation Band 3	1.00							
05 Aug 2013	Credit - Transferred to Medibank Private							1445.00	40.00
	3 (AC)* Accommodation Band 3								
	Excess							-170.00	
	42702 (CB)* Lens extraction and insertion of artificial lens, e...							1615.00	
05 Aug 2013	Credit - Excess offset from transfer							170.00	130.00CR
	Excess							170.00	

9. In the **Transaction** screen, select the payment attached to the quote from step 2 (the payment will be a 'Transferred' type).

Transactions - Test, Jackson

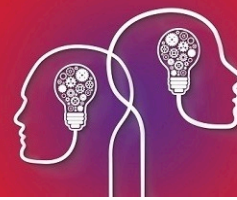
VIP 2000 Filter Reset Print  Show Items  Showing Owing Only  Show Tagged  Easyclaim Authorised  
 Find Next Tag Untag All  Show Journal Entries  Show Refunds As Owing  Show Deleted Easyclaim Reject  
 Sort by  System  Operator Show  System Date  Operator Date (130.00 credit on hold available.) Print Medicare Form

Date	Details	Qty	Charged	Subsidy	Batch	Debit	Owing	Credit	Balance
05 Aug 2013	Quote 128	1.00	300.00			300.00			
	EXCESS* (TB) Excess	1.00	300.00			300.00			
05 Aug 2013	Cheque Transferred							300.00	300.00CR
	EXCESS* Excess							300.00	
05 Aug 2013	[355]	1.00	170.00			170.00			130.00CR
	EXCESS* (TB) Excess	1.00	170.00			170.00			
05 Aug 2013	Refund - Credit on Hold Refund	1.00	170.00			170.00			40.00
	EXCESS (TB) Excess	1.00	170.00			170.00			
05 Aug 2013	Credit - Transferred Credit on Hold [355]							170.00	130.00CR
	EXCESS* Excess							170.00	
05 Aug 2013		2.00	1615.00	1615.00		1615.00			1,485.00
	42702 (CB)* (TB) Lens extraction and insertion of artificial le...	1.00	1615.00	1615.00		1615.00			
	3 (AC)* (TB) Accommodation Band 3	1.00							
05 Aug 2013	Credit - Transferred to Medibank Private							1445.00	40.00
	3 (AC)* Accommodation Band 3								
	Excess							-170.00	
	42702 (CB)* Lens extraction and insertion of artificial lens, e...							1615.00	
	Credit - Excess offset from transfer							170.00	130.00CR
	Excess							170.00	

3695->3694 Provider: Derm. Bert Dermatologist Subsidiser: Created by zxc on 05/08/2013 10:13:00  
 Credit-G Revenue: Houston Day Surgery Status: Modified by zxc on 05/08/2013 10:13:00  
 Reference: Payor:

Comments:

Modify Delete Reverse Requote **Refund** Credit Balances Create New Statement Create New Invoice Attach to DaySurgery Close



10. Click **Refund**. The **Refund** screen will open with the credit on hold left over after paying the excess. Record a descriptive **Reason** for the refund and click **OK**.

Selected Transaction Details	
Date	05/08/2013
Number	1321
Amount	300.00
Type	Cheque
Payor	
Reference	
Notes	Change Credit Transfer

Date	05/08/2013
Amount	130.00
Type	Cheque
Payor	
Reference	
Reason	Healthfund paid \$130 towards the original excess of \$300

Warning	
Current	0.00
30 day(s)	0.00
60 day(s)	0.00
90 day(s)	0.00
<b>Total</b>	<b>0.00</b>

11. Refund the money to the patient.

Amending the excess is complete.