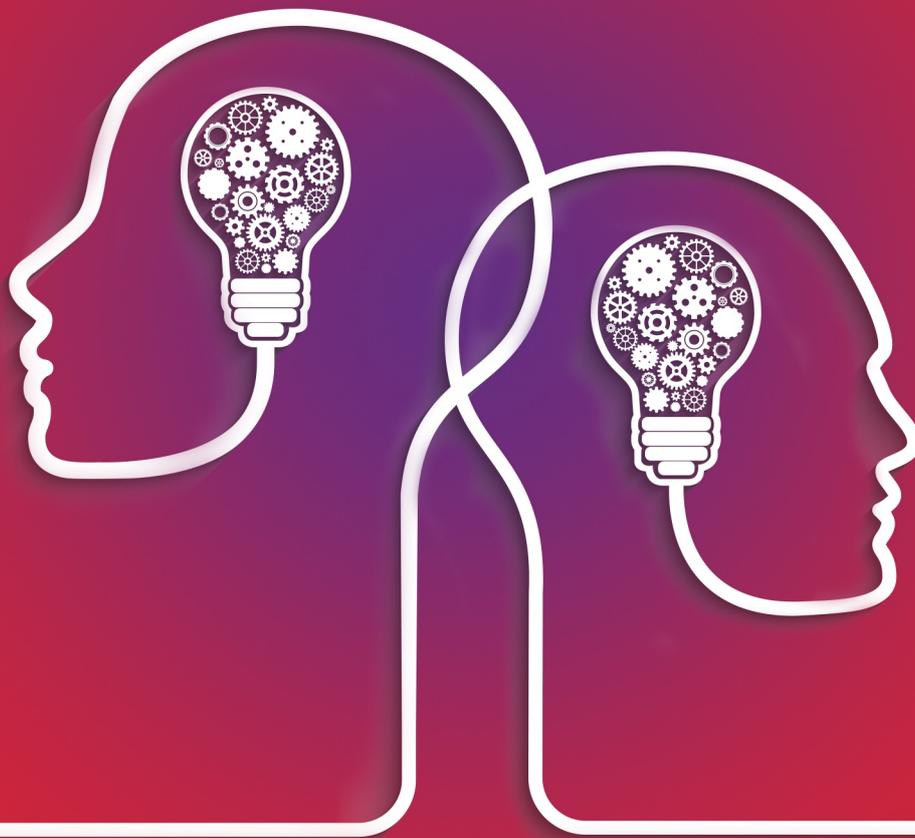
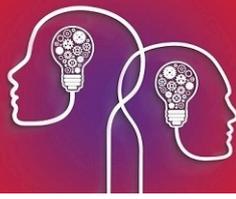


Bp VIP.net
Daystay Guide



VIP.net knowledge base 



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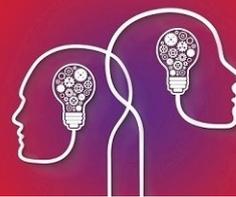
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Last updated: March 2017

This User Manual is sourced from the Best Practice Software Bp VIP.net Ruby [Knowledge Base](#).



Setting up a Day Stay Surgery

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.

It is also good practice to periodically download updates to surgery charges using VIP Live Update, so that you are billing with the most up-to-date information. See [VIP Live Update](#) for more information.

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 Daystay will show 'Full'.

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.

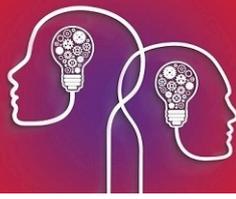
Bp VIP.net uses DRGrouper software from VISASYS. Contact Best Practice Software Specialist Products Support on 1300 401 111(AU) or 0800 401 111 (NZ) for instructions on how to purchase and install this software.

Understanding Day Stay charging

Day stays can be charged in three ways, depending on the contract your hospital has with the insurer:

- **DRG** — Fees are charged per DRG code. DRG codes are generated from the **Discharge Summary** screen based on the operation item codes associated with the stay. There are no theatre charges, but accommodation will also be charged. Prostheses can be included in the set DRG fee.
- **Casebased** — Each operation item code will have a casebase fee and a procedure fee. Depending on the contract:
 - The case fee is used for the first item, and subsequent items are charged the procedure fee. Accommodation is not charged.
 - Each item is charged the procedure fee. Accommodation is charged.

Prostheses can be included in either fee structure.



- **Per diem** — The patient is charged the daily accumulation of theatre and accommodation costs. Theatre bands are calculated from item codes and cannot be changed. Each band will have a set fee.

Note: If the patient prefers to purchase a prosthesis model different to the default prosthesis included in the DRG and Casebase fee, you can add a prosthesis when generating the invoice.

For all types, accommodation bands are calculated using the anaesthetic type and the theatre time duration from the **Discharge Details** screen.

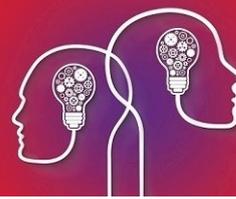
In addition, insurers will also stipulate a percentage of cover for the first operation, and decrease the cover for subsequent operations in the same day stay episode. Normally, cover will be 100% for the most expensive operation, but this is contract-dependent.

At invoice generation during discharge, Bp VIP.net will determine the billing method from the **Health Fund Contracts** tab of the fund's **Organisation details**. If DRG fees are present, Bp VIP.net will use DRG billing. If casebased fees are present, Bp VIP.net will use casebased billing. If only theatre and accommodation costs are present, VIP assumes per diem billing.

Set the Excess chargeable item

The 'Excess' item is charged to customers when they pay their insurance excess 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.



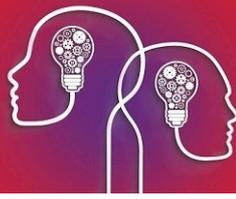
Enter a list of charge code here separated by a comma i.e: 104,12345,KNE101
Multiple quantities can be specified using a colon followed by the quantity i.e:
104,12345:3,KNE101:2

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**.

Set Daystay 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 this screen populate the **Daystay Episodes** screen (Ctrl+F8) with default values when a new Daystay episode is created.



2. In the **Settings** tab, select:
 - **Choose Health Dept to Report** — The State Health Department that your practice transmits day stay records to. See [Transmit day stay batches on page 18](#) for more information.
 - **Hospital Name** — The Bp VIP.net facility used for day stay surgeries.
 - **Daystay Billing Provider** — If your hospital brings in an external provider for surgeries, you must create the provider record in Bp VIP.net and select the provider in this field. Select which revenue account to default to when charging: the provider in this field, the assigned surgeon from the operation details, or leave blank.
3. The **Admission Defaults** tab supplies default values for a patient when admitted. These settings will differ between practices.
4. Browse to the location of the DRG Engine's **.bin** files, and select the **DRG Version** of the installed DRGrouper software from VISASYS you installed in [Install DRGrouper on page 3](#).
5. 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 .
6. The **Discharge Defaults** tab supplies default values for a patient when discharged. These settings will differ between practices.
7. 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.
8. Click **OK** to save day stay preferences.

Set up Health Fund Contracts

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

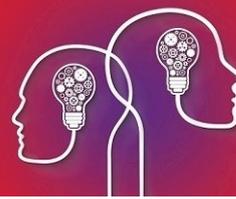
If an insurer is not part of an umbrella organisation, you must set up the insurer as a Fee scaler, Subsidiser, and Insurer in Bp VIP.net.

If an insurer is part of a larger umbrella organisation, such as AHSA or BUPA:

1. Create the parent company as an organisation of role 'Fee scaler' **and** an organisation of type 'Subsidiser'.
2. Create the child insurer as an organisation of role 'Insurer'.
3. Add the parent organisations you created in step 1 as **Associated Organisations** on the **Details** tab for the child insurer.

To set up a 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 Insurer 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.
3. Select a **Role** of 'Insurer'. The **Health Fund Contracts** tab will be enabled.



- Complete the contact information in the **Details** tab and select the **Charging Details** tab. Set the following fields:
 - Untick **Generate a single batch...**
 - Under **Redirection settings**, set the **Percentage** to '100%' and rounding to 'Up to Nearest 1c'
 - Set **Base calculations on** to 'Subsidy'
 - Invoicing** is normally set to 'Print the patient invoice only', because fund payments are usually processed electronically, but this will depend on your practice.

Organisation Details: BUPA

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

Batching Method

Method: [Dropdown]
Template: **Appointments Day List** [Dropdown]
 Send batches via ACC eLodgement
 Send Batches Electronically
MailBox: [Text Field]

Batch Settings

Maximum items allowed per Batch: [0]
 Automatically generate batch numbers
 Include zero amounts in batch
 Print batch immediately on creation

Batch Identification

Practice Identifier: [Text Field]
Contract Number: [Text Field]

Batch Grouping

Generate a single batch for all providers/revenue accounts

Provider: [Text Field]
Revenue: [Text Field]

Subsidiary Details

Bulk-Billing
Form to print after bulk-billing (F5): [Dropdown] Automatically print

Standard Billing
Form to print after billing (F5): [Dropdown] Automatically print

Treatment Location Code: [Dropdown] (This is required for DVA Subsidiser)

Redirection Settings

Percentage [100] % [Up to Nearest] [1c]
A percentage figure in this field will calculate the redirected amount as a percentage of the total fee, gap or subsidy as selected below.

Adjustment or Fixed Amount [0.00]
With Adjustment selected enter a negative amount in this field for a known gap. With Fixed Amount selected the amount in this field will be used when billing and can be overwritten.

Manual Entry
Allows the user to insert an amount at time of billing.

Base calculations on:
 Fee Gap Subsidy
Note that the amount redirected can never be more than the total fee, gap or subsidy.

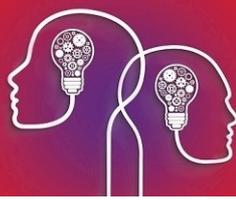
Invoicing [Print the patient invoice only] [Dropdown]
For Invoices to this Redirector use this template:
Invoice A4 [Dropdown]

- Select the **Health Fund Contracts** tab.
- Set the **DRG Version** to the latest possible version.
- The **Fund ID** is usually set to 'Insured with agreement with hospital', but check the contract.
- Click **Edit**. Bp VIP.net will prompt for you to confirm the **Charges Effective Date**. Click **Yes** to continue. The charging band columns will be enabled.

Set up the fees according to the contract with the insurer.

Set up DRG Charging

- 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 \(all types\) on the next page](#).



Set up Casebased charging

- Click **Add** under the **CaseBase Charges** column. A row will be added. Enter the item **Code** and the associated **Casebase Fee** and **Procedure Fee**.
- 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 casebase fees applicable to the contract.
- Set the **Multiple Casebase Item Contract Type** to the type specified by the contract: 'Use case-based fee for main item and the procedure fee for subsequent items', or 'Use procedure fee for all items'. Go to [Set up accommodation charges \(all types\) below](#).

Organisation Details: BUPA

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

Contract Charges Effective Date: 01/11/2016 [Edit] [View] DRG Version: DRG Ver : 800

Base Charges Effective Date: 01/11/2016 Fund ID: IH Insured with agreement with hospital

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
			42702	1,500.00	1,200.00	FH001...	1A	300.00	BAND1	50.00	200.00
							BA	400.00	BAND2	150.00	300.00
							1	500.00	BAND3	250.00	400.00
							2	600.00	BAND4	275.00	500.00
							3	700.00	TYPEC	0.00	0.00
							4	800.00			
							5	900.00			
							6	1,000.00			
							7	1,100.00			
							8	0.00			
							9	0.00			
							10	0.00			
							11	0.00			
							12	0.00			

Procedure Percentages

Procedure	Top Cover
Procedure 1	100.00 %
Procedure 2	75.00 %
Procedure 3	50.00 %
Procedure 4+	0.00 %

Set up per diem charging

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

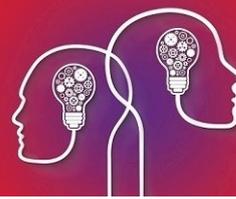
Set up accommodation charges (all types)

- 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 band.
- Set the **Procedure Percentages** covered by the insurance contract for four or more procedures.
- Leave the **Rounding Options** set to 'To Nearest 1c'.
- Click **OK** to save the charging details for the health fund contract.

Add health fund information to a patient

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

- Load the patient into the information bar and press F3 to open the **Patient Details** screen.
- Select the **Financials** tab on the right.



Providers	Family	Financial
Feescaler	PVT FEE, Private	
Subsidiser	MSTD, MSTD	
Redirector		
	<input type="checkbox"/> Bulk	<input type="checkbox"/> Easy Claim
Statements	<input type="checkbox"/> No Statements	<input type="checkbox"/> No Fees
Account Hold Date	_/_/___	
Work Cover Insurer		
Policy Number		
Health Insurer	RT INS, RT Health Fund	
Policy Number	1002003	
Policy Holder	Adelaide, E Jack	
Relationship		
Commenced	09/02/2016	
Excess	500.00	
Copayment	0.00	
Cover	Top	
Notes		

Note: If your Bp VIP.net installation does not show the fields in the above example, such as Health Insurer, Policy Number, Excess, and Copayment, you will need to download a 'Financials' UDF for the **Patient Details** screen from VIP Live Update.

3. Complete the fields from **Health Insurer** down from information supplied by the patient.

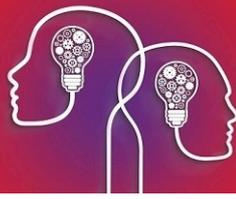


Tip: The **Commenced** date must always be less than the date of the day stay operation, or Bp VIP.net will not process the day stay episode.

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

Download a Financials UDF 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 **Houston Library**.
 - Section 3 — Select **UDFs**.
 - Section 4 — Select **Houston 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 UDFs, which appear as the **Financials** tab on the **Patient Details** screen.

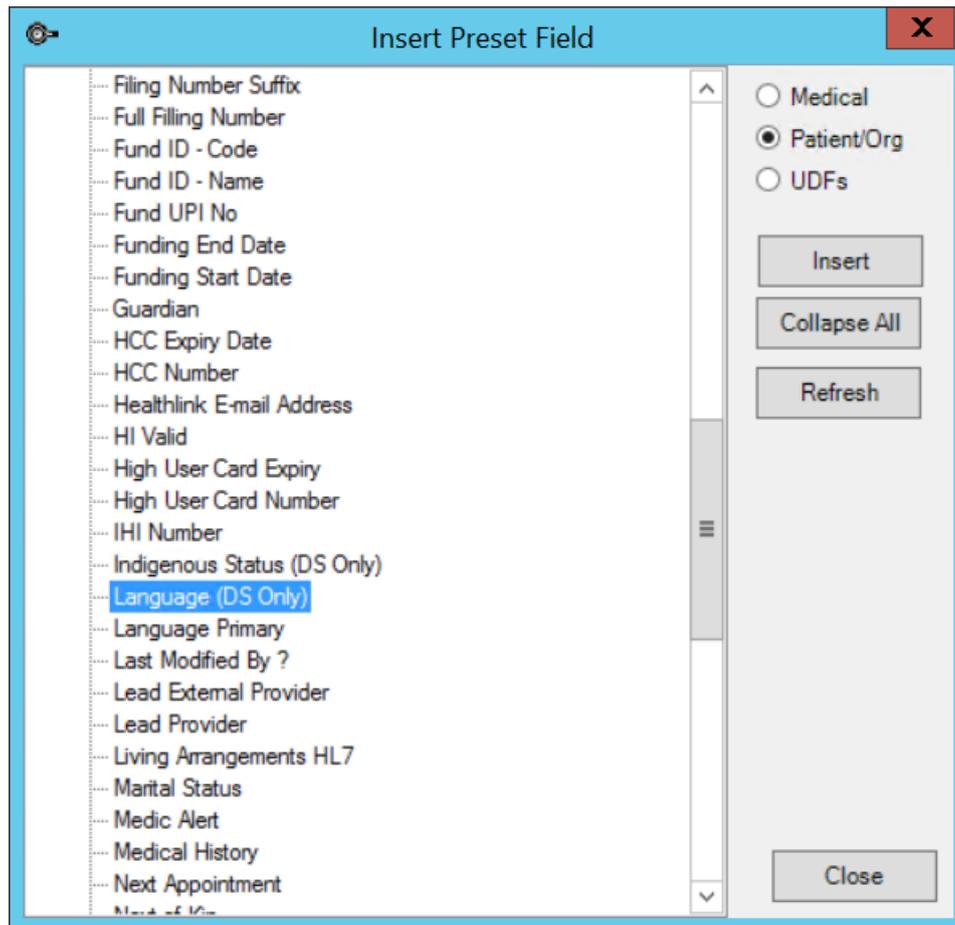
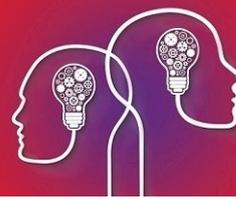
Set a patient's preferred language

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

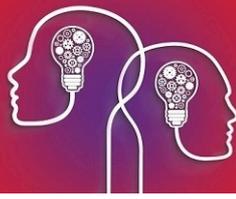
1. From the main Bp VIP.net screen, select **Setup > User Defined Forms > AUSNumbers**. Click **Modify**.

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

2. Click the **Preset Field** icon  (first from the left) to open the **Insert Preset 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. Place the field on the AUSNumbers UDF in a suitable position.



Form Designer - AUSNumbers (PD) 9 fields used, 1191 fields remaining.

NHI Number File NO:

Employer

Occupation

Ethnicity 1

Ethnicity 2

Ethnicity 3

Contacts **Language (DS Only)**

Home

Mobile **TXT Opt-in**

Business

Fax

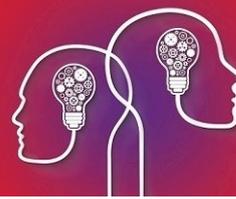
Other

Email

Warning

Notes

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



Patient Details			
Surname	Reihana	Building/Box	
Title	Miss	Sex	F
First Name	Maia	No/Street	54 Poaka Avenue
Middle Name	Mirama	Suburb/City	Hamilton
Date of Birth	18/05/2005	Postcode	3200
	12y	Country	New Zealand
NHI Number		File NO:	35
Employer		Home	64 07 1111111
Occupation		Mobile	64 <input type="text"/> TXT Opt-in <input type="checkbox"/>
Ethnicity 1	NZ Maori	Business	64 <input type="text"/> <input type="text"/>
Ethnicity 2		Fax	64 <input type="text"/> <input type="text"/>
Ethnicity 3		Other	64 <input type="text"/> <input type="text"/>
Contacts	Preferred Lang. <input type="text"/>	Email	<input type="text"/>
Warning		Notes	
<div style="background-color: #ffe6e6; height: 100px;"></div>		<div style="background-color: #e6ffe6; height: 100px;"></div>	

Bill a Day Stay surgery

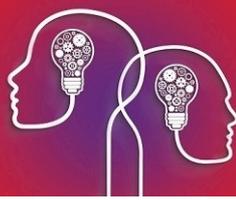
Billing a day stay surgery differs slightly according to the insurer's contract with the hospital, and whether the patient will pay an excess and copayment up-front.

If the contract is DRG-based, you must code the diagnosis before an invoice can be generated. If the contract is casebased or per diem, you can code diagnoses and procedures after the patient has been billed.

Process a day stay episode

Payment of a Day Stay episode normally occurs in two parts:

- the patient pays his or her insurance excess amount, at the time of booking the operation or before the operation is due.
- the remainder of the invoice is normally redirected to the insurer after the operation. If the patient's insurance does not cover 100% of the remainder, the patient pays any outstanding amount.



1. Press Ctrl+F8 or select **Patient > Day Stay Episodes** from the menu.
2. If the patient has one or more future operations booked, select the operation that applies to the day stay from the **Choose/Create Operation** screen.

If the operation has not yet been booked, the **Daystay Episodes** screen will appear. Click **New** to book an operation and return to the **Day Stay Episodes** screen.

3. The **Personal and Admission Details** tab will appear, populated with default fields from your practice's Daystay Preferences and the patient's details.

The screenshot shows a software window titled "Daystay Episodes for Erroll, Frank (Id:7; State:NSW)". The window has a tabbed interface with "Personal and Admission Details" selected. The form is divided into two main sections: "Personal & Admission Details" and "Admission Details".

Personal & Admission Details:

- Address: Building/Box (3), No/Street (Bondi Road), Suburb/City (Bondi), Postcode (2026), State (NSW), Country (Australia)
- Birth Date: 03/03/1980, Sex: M
- Country of Birth: 1101 Australia
- Aborigin & Torres Strait Islander Origin: 4 Neither Aboriginal nor Torres Strait Islander
- Marital Status: 1 Married or De facto
- Patient Classification Code: AS Advanced Surgical
- Health Insurance Status: 1 Full Hospital Cover - Private Patient
- Fund ID: IH Insured with agreement with hospital
- Health Insurer/Fund: RT INS, RT Health Fund
- Policy Number: 1002003
- Excess: 500.00, Co-Payment: 100.00
- Cover commenced: 02/11/2014
- Cover Type: Top (selected), Base, None, Restricted
- Employment Status: 3 Employed

Admission Details:

- Cancelled after arrival:
- Hospital: CLINIC, Best Practice Clinic
- Booked Date/Time: 19/01/2017 14:40
- Admission Date/Time: 19/01/2017 14:40 (eg. 27/08/2007 23:20)
- Compensation Claim:
- Previous Specialised Treatment: 5 Unknown/Not Stated
- Service Category: 6 Other Care
- Urgency of Admission: 2 Non-Emergency/Planned
- Source of Referral: 08 Other Agency
- Readmission Within 28 Days: 1 Not Formally Readmitted within 28 days
- Collaborative Care Status: 1 Service Provided at this Facility under a
- Neonate Admission Weight: 0 (grams)
- Facility Transferred From: [Empty field]

Buttons: "Print P1", "Charge Excess", "OK", "Cancel". Status: "Incomplete".

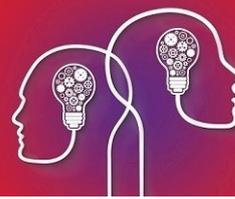
Each state requires different personal and admission details for a day stay episode. The screen capture above is an example only.

4. Confirm that the information in the screen is correct for the day stay episode. Change any fields from the default values if required.

Pay the excess up-front

If the patient has an excess to pay, you can charge the excess from this screen.

- a. Click **Print P1** to print the left side of the hospital form to complete at this stage.
- b. Click **Charge Excess**. The **Consultation** screen (F5) will appear, showing:
 - the Excess chargeable item fee (**Excess** amount from the patient details)
 - the patient's health fund as the **Insurer**.



Consultation - Erroll, Frank

Date: 23/02/2017 Referral: [dropdown] Update (9) (0 available) OK

Provider: Ophthalmology, Dunkin @CLINIC Print Form (0) In-Patient (J) [checked] Hospital: CLINIC, Best Practice Clinic VIP Easyclaim Authorised [unchecked] Cancel

Revenue: ABC Fee Scaler: [dropdown] Distance: 0 kms Easyclaim (3) Pay (F6)

Default Subsidiser: MHOSP, Medicare Hospital Patient is responsible for subsidy collection (z) [checked] Service Type: S: Specialist OEC (4) Print Invoice (F7)

Insurer: RT INS, RT Health Fund Bulk Billed [unchecked] Link Claim Known Gap: [dropdown]

Date	Code	Fee Scaler	Band (u)	Name	Qty	Fee Scale	Sub Scale	?	Percent	Fee	Subsidy	Gap (h)	GST
23/02/2017	EXCESS	RT INS, RT He	No Band	Excess	1.00			[checked]	100.0000	250.00		250.00	>
23/02/2017		RT INS, RT He			1.00			[checked]	100.0000				>

Note: If the patient does not have an insurer and excess defined in patient details (F3), Bp VIP.net will default to paying for the entire operation at this step.

- c. Click **Pay** and process the excess payment as normal. The excess will be recorded in the patient's transaction history and deducted from the final invoice.
5. Select the **Diagnosis and Procedures** tab. Codes from the **Operation Details** screen are carried over into the **MBS procedures** list. The main procedure is always listed first and in bold. To change the main procedure, select a row and tick **Main Procedure**.

Daystay Episodes for Erroll, Frank (Id:7; State:NSW)

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

Diagnoses*

Date	Code	Description	Diagonset	Location	Place	Activity
[Empty]						

Generate DRG: DRG [dropdown] Location? [radio] NA [checked] Right Left Bilateral Diagonset / Ext Cause [dropdown]

Symptom Awareness Date: [dropdown] Indicators [dropdown] Clear Indicators [button] Main Procedure [checked]

MBS Procedures

Code	Description	Location	Qty	Protocol
*42509	Eye, enucleation of, with insertion of integrated implant (Anaes.) (Assist.)	Right	1	

Location? [radio] NA [checked] Right Left Bilateral

ICD-10 Procedures

Date	Code	Description	Location	Qty
[Empty]				

The **MBS procedures** list cannot be edited here, but you can change the operation details from the appointment book (press Ctrl+D).

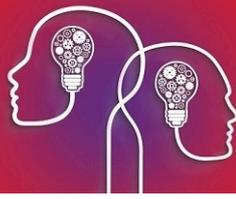
If the practice's contract with the insurer is DRG-based, you must complete the coding in this tab before you can generate a final invoice. Casebased and per diem coding can be completed after an invoice is generated and paid.

Generate an ICD-10 code

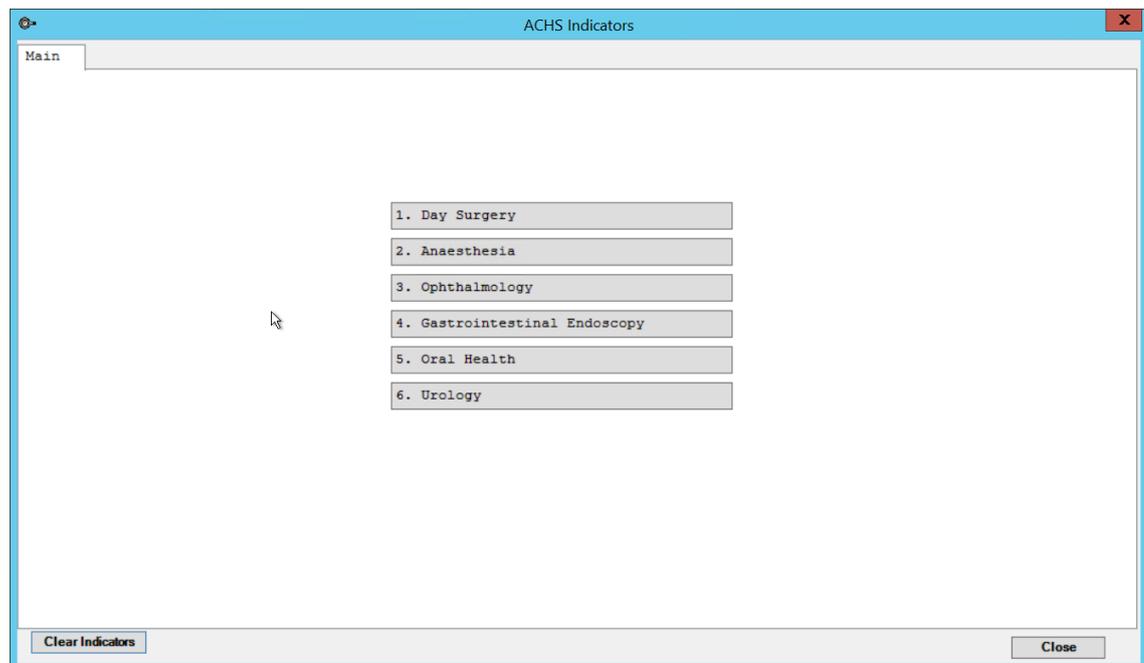


Important: You must generate an ICD-10 code for each day stay for reporting to your practice's state health department, even if the fee is casebased or per diem.

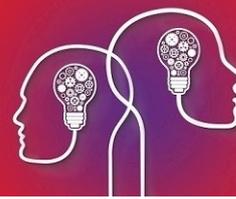
- a. Click **Add New** next to the **Diagnoses** list at the top. Search for the diagnosis to add and the **Location** if applicable and click **OK**.



- b. Repeat to add all applicable diagnoses. Use the up and down arrow buttons to order the list. The primary diagnosis is always first and in bold.
 - c. Select an MBS procedure and click **Convert to ICD-10** next to the **ICD-10 Procedures** list to try and map a procedure to an ICD-10 code. If successful, select the mapped procedure from the **Select ICD-10 Procedures** screen and click **OK**. The ICD-10 equivalent will be added to the list.
 - d. Not all ICD-10 Procedure Codes can be automatically mapped. If an ICD-10 Procedure Code is not mappable, click **Add New** next to the **ICD-10 Procedures** list to search for an ICD-10 procedure. Select the same **Location** and click **OK** to add to the list.
 - e. When you have completed the ICD-10 procedure code conversion, click **Generate DRG**. Bp VIP.net will use the installed DRGrouper software to generate the DRG codes applicable to the day stay episode and populate the **DRG** dropdown.
 - f. Select the **DRG** code to apply and enter the **Symptom Awareness Date**.
6. Confirm that the MBS procedure and any listed prosthesis is correct, and that the **Location** matches.
 7. Click **Indicators**. The **ACHS Indicators** screen will appear.



8. Work through the indicators applicable to the day stay episode and operation type. If you miss any mandatory indicators, Bp VIP.net will alert you of missing items when you generate the invoice. Click **Close** when finished.
9. Select the **Discharge Details** tab. Many fields will be populated from the **Day Stay Preferences** screen. Complete the fields in the screen that apply. Fields marked with an asterisk are mandatory. Bp VIP.net will calculate the **Accommodation Band** from the anaesthetic and theatre time values.



10. Click one of:
 - **Easyclaim** to pay the invoice by Easyclaim (for uninsured Medicare claims).
 - **Link to Existing Transaction.** Select this option if your practice has manually charged the patient for the day stay operation outside of the **Daystay Episodes** screen, and you need to link the existing transaction to this day stay episode.
 - **Invoice** to generate an invoice.
11. If there are no errors or missing items, Bp VIP.net will ask if the patient has paid an excess. Click **Yes** or **No** to continue.
12. The **Consultation** screen will appear with the **In-patient, Hospital,** and **Service Type** fields completed, the chargeable items listed, and the patient's insurer in the **Less redirection to** field.

The following example shows a redirected day stay episode with an excess of \$500.00.

Date	Code	Fee Scaler	Band (u)	Name	Qty	Fee Scale	Sub Scale	?	Percent	Fee	Subsidy	Gap (h)	GST
19/01/2017	42509	RT INS, RT He	4	Right - Eye, enucleation of, with insertion	1.00			✓	0.0000	0.00			>
19/01/2017	AO001 (PS)	RT INS, RT He	No Band	Intraocular Lens: Model AC 51L	1.00	198.00	198.00	✓	100.0000	198.00	198.00		>
19/01/2017	BAND4 (AC)	RT INS, RT He		Accommodation Band 4	1.00			✓	100.0000	0.00			>
19/01/2017		RT INS, RT He			1.00			✓	100.0000				>

Assistance Fees? Redirected Amount Fee (w) Subsidy (x) Gap (y) Excess 600.00 Totals (GST Incl.) 198.00 198.00 0.00

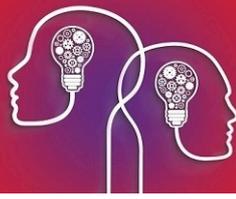
1. Less Redirection to RT INS, RT Health Fund (insurer) 198.00

2. Balance to be paid by Erroll, Isabelle Other 0.00

The fees will be generated according to the patient's cover type and the fee schedule defined in the insurer's **Organisation Details**. For top cover patients with single operations, usually all charges will be covered and the total redirected to the patient's health fund.

13. Print or pay the invoice, or tick **VIP Easyclaim Authorised** and click **Easyclaim** if paying by IHC Easyclaim. Invoice and redirected payment will be recorded in the patient's transaction history (F8) and you will return to the **Day Stay Episodes** screen.
14. Click the **Print** button or **DVA Form** from the **Discharge Details** tab to print the remainder of the hospital form.
15. Tick **Complete** to close and lock the day stay episode. Bp VIP.net will alert the operator if coding in the **Diagnosis and Procedures** tab is incomplete.

The episode is now marked as 'queued' and can be transmitted in a batch to your practice's reporting body.



Transmit day stay batches

Your practice must regularly submit day stay records to the governing body selected in the **Settings** tab of the **Daystay Preferences** screen.

1. Select **File > Communication > Transmit Day-Stay Episodes**. The **DayStay Batches** screen will appear.
2. Click **New** to open the **Create New Transmit File for Daystay Episodes** screen.
3. If more than one facility acts as a day stay hospital, change the **Hospital** to transmit batches from a different hospital.
4. The **Generate Files for** field defaults to the governing body for your practice. Change to another option to send batches to DVA, for example, or select 'Private Health Funds' to send to a private health fund specified in the **Choose Health Fund** field.

The screenshot shows the 'DayStay Batches' application window. It features a table with columns: Hospital, Org/Insurer, Date, Records, Filename, Period, and Diskid. A modal dialog box titled 'Create New Transmit File for Daystay Episodes' is open, containing the following fields: Hospital (CLINIC, Best Practice Clinic), Generate file(s) for (NSW, New South Wales Health Dept.), Choose Health Fund (empty), and Select Month to Transmit (December 2016). There are OK and Cancel buttons. Below the dialog, the main window has buttons for New, Review, Delete, Re-Transmit, and a Filter dropdown set to CLINIC, Best Practice Clinic. The Org/Insurer dropdown is set to NSW, New South Wales Health Dept. and there is a Close button.

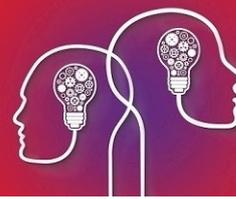
5. Select the **Month to Transmit** episodes for. Any unsent episodes marked as 'queued' in that month will be included in the batch.
6. Click **OK**. Eligible episodes will be displayed on the **DayStay Batches** screen. Bp VIP.net will alert if there are incomplete episodes that need to be finalised before a batch can be sent.
7. Click **Re-Transmit** to create the day stay transmission file.

This process only creates the transmission file. You must email the file to your contact for the selected state health body or health fund to complete the process.

To re-transmit a corrected episode, include the episode in the batch and click **Review**.

Amend the excess paid on a day stay billing

The following instructions show how to correct the excess amount paid by a patient, if the patient has paid the excess in full but the health fund has subsidised a portion of the excess.



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.

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	



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 **Quote**. 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

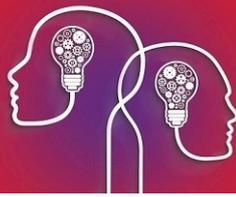
Date	Details	Qty	Charged	Subsidy	Batch	Debit	Owing	Credit	Balance
05 Aug 2013	[354]	1.00	300.00			300.00			300.00
	EXCESS* (TB) Excess	1.00	300.00			300.00			
05 Aug 2013	ChequePayment 1316 [354]							300.00	0.00
	EXCESS* Excess							300.00	
05 Aug 2013		2.00	1615.00	1615.00		1615.00			1,615.00
	3 (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 **Quote** 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	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 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 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	

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

Revenue: Houston Day Surgery Bulk Bill Distance: 0 kms Pay (F6)

Fee Scaler: [] Patient is responsible for subsidy collection (z) Service Type: S: Specialist (0.00)

Subsidiser: [] 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	EXCESS	MBP, Medibank	No Band	Excess	1.00	0.00	0.00	<input checked="" type="checkbox"/>	100.0000	170.00	0.00	170.00	>
05/08/2013		MBP, Medibank			1.00	0.00	0.00	<input checked="" type="checkbox"/>	100.0000	0.00	0.00	0.00	>

- 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

- 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) OK

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

Revenue: Houston Day Surgery Bulk Bill Distance: 0 kms Pay (F6)

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

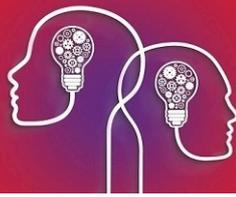
Notes: [] Known Gap: []

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	>
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	>
05/08/2013		MBP, Medibank			1.00	0.00	0.00	<input checked="" type="checkbox"/>	100.0000	0.00	0.00	0.00	>

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

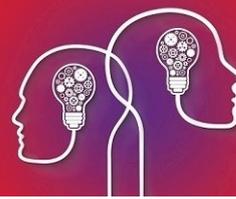
Date	Details	Qty	Charged	Subsidy	Batch	Debit	Owing	Credit	Balance
- 05 Aug 2013	Quote 128	1.00	300.00			300.00			
	EXCESS* (TB) Excess	1.00	300.00			300.00			
- 05 Aug 2013	Cheque Transferred							300.00	300.00CR
	EXCESS* Excess							300.00	
- 05 Aug 2013	[355]	1.00	170.00			170.00			130.00CR
	EXCESS* (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	
- 05 Aug 2013	Credit - Excess offset from transfer							170.00	130.00CR
	Excess							170.00	

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

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**.



Refund

Selected Transaction Details	
Date	05/08/2013
Number	1321
Amount	300.00
Type	Cheque
Payor	
Reference	
Notes	Change Credit Transfer
Current	0.00
30 day(s)	0.00
60 day(s)	0.00
90 day(s)	0.00
Total	0.00

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

OK Cancel

11. Refund the money to the patient.

Amending the excess is complete.

