Hospital admission and Billing workflow

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This article describes the whole process of admission, Discharge, Billing and Claiming workflow in Hospital admissions.

Step 1. Perform OEC (Online Eligibility Check)

CareRight has the ability to complete an Online Eligibility Check (OEC) for a patient/client. This can assist hospitals and day surgeries in determining the patient's eligibility for a service/s and any out of pocket expenses for care. It also provides an overview of the information required to ensure the most accurate assessment (forms) is provided and that the assessment (forms) data is clearly interpreted. Before a Patient Eligibility Check can be performed, consent must be obtained from the patient or a legally authorised representative.

The OEC will determine whether the patient is eligible for a selected presenting illness/condition as of the admission date. It will detail the out of pocket expenses a patient has for excess and co-payments associated with the hospital product.

The OEC process utilises the Medicare online claiming process. The results presented are in accordance with the Medicare specifications. It does not produce an Informed Financial Consent (IFC) form. The OEC can be performed as part of the Pre-admission process.

Performing an Online Eligibility Check

1. Access the **Patient record**.
2. Select **Admissions** from the menu.
3. Select the **Pre-Admit** button.
    a. The pre-admission screen will display the following fields (use the table below for reference).
4. Select **Pre-Admit**.
    a. A message advising that the Patient was successfully pre-admitted with the display.
    b. The OEC button will now be present at the top of the screen.
5. Select the **OEC** button.
    a. The OEC screen will display.
6. Fill in any relevant information as requested (these are medicare related fields and not related to CareRight).
7. Update **additional services** button.
    a. A message advising that CareRight is communicating with the health fund will display.
8. Once the check is completed the standard Medicare eligibility report will display.

Field	Description	Example
Planned Location	Planned location for this admission	Clintel Clinic
Planned Date	Planned date for this admission	20/12/2017
Admission Category	Admission category (which will set any pre-defined statutory reporting values for the admission)	Day Surgery - MOHS
Reason	This is a free text field	

Field	Description	Example
Admitting Doctor	This is a drop down list which references the your organisations Providers.	
Funding Choice	For the OEC to work this must be set to Health Fund	Health Fund
Presenting Illness MBS Number	Presenting Illness MBS Number refers to the particular type of surgery.	
Presenting Illness Service Code	Presenting Illness Service Code is a 3 digit code	342, 305,315
Additional Services	Additional Services can be added by selecting Add Service button. These may be miscellaneous service code parts This information will flow through into an IHC claim	Items, misc service code parts
Pre Existing Condition (check box)	True or False	False
Compensation Claim (check box)	True or False	False
Accident Date	Accident Date - if related to a workers compensation claim	

Please Note: The OEC functionality is only available to users who have the access granted in Administration → Users and Groups → Groups.

Using Presenting Illness for the OEC

During the OEC process, the CareRight system automatically associates the latest presenting illness with its associated code. The coding system was last updated in Q1 of 2019 and the CareRight platform reflects this revised information.

Flow-through Data

Once an OEC is complete there is some information which will flow through. This information is:

- Excess amounts
- Co-Payment amounts
- Additional Services information such as:
    - Service Type
    - Session Type
    - Provider Type

Step 2. Process Deposit

How to Add a Deposit

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How to Add a Deposit

You can process a deposit taken from a patient without raising an invoice. This can be taken as credit amount either specifically associated with an Account or as an standalone amount.

Standalone Deposit amount (not associated with an Account)

1. Search for a patient.
2. Click **Show**.
3. In the Main Menu, click **Invoices & Credits**.
    a. The Invoices and Credits screen will display and will default to 'Today'.
4. Select the **New Deposit** button and the add new deposit screen will open.
5. Complete fields using the table below as reference.
6. Subsequent options include:
    a. Select the Create Receipt button - This will receipt the payment.
    b. Select the Receipt & Print button - this will receipt the payment and open a PDF for printing.

Field Name	Description	Examples
Receipt		
Date	This will default to today's date	27/08/2018
Location	Location to link the payment	Clintel Clinic
Medical Provider	This is a mandatory field	
Receipt Note (Printed)	Any notes for the receipt - this will print on the receipt	
Statement Note	A note to appear on printed receipt	Thanks for your prompt payment
Services involving GST? (Check box)		
Transaction		
	The payment method.	Cash

Field Name	Description	Examples
Method	Note: If the patient wishes to make the deposit payment by more than one payment method, select the Advanced button at the bottom of the screen. This will allow for multiple payment methods to be applied.	Cheque Direct Deposit EFTPOS (Credit A/C) EFTPOS (Savings A/C)
Credit	The amount of the deposit payment	$500.00

The credit amount will display in the following areas:

- Unallocated Credits on the Unpaid Summary Tab
- Today's Receipts on the Today Tab

Deposit Associated with Patient Account

1. Search for a patient.
2. Click **Show**.
3. In the Main Menu, click **Accounts**.
4. Select **Enquiries** button next to the relevant Account.
5. Select the **New Deposit** button and the add new deposit screen will open.
6. Fill in the appropriate values (as above) however the Medical Provider value auto populate (based on the selected Account.
7. Select either:
    a. Create Receipt button - This will receipt the payment
    b. Create Receipt & Print button - this will receipt the payment and open a PDF for printing

Print Deposit Receipt

1. Search for a patient.
2. Click **Show**.
3. In the Main Menu, click **Invoices & Credits**.
    a. The Invoices and Credits screen will display and will default to 'Today'.
4. The processed deposit payment will display in Today's Receipts on the **Today** Tab.
5. Select the check box next to the deposit receipt.
6. Select the **Print Select** button at the top of the screen.
    a. A PDF will be created for printing

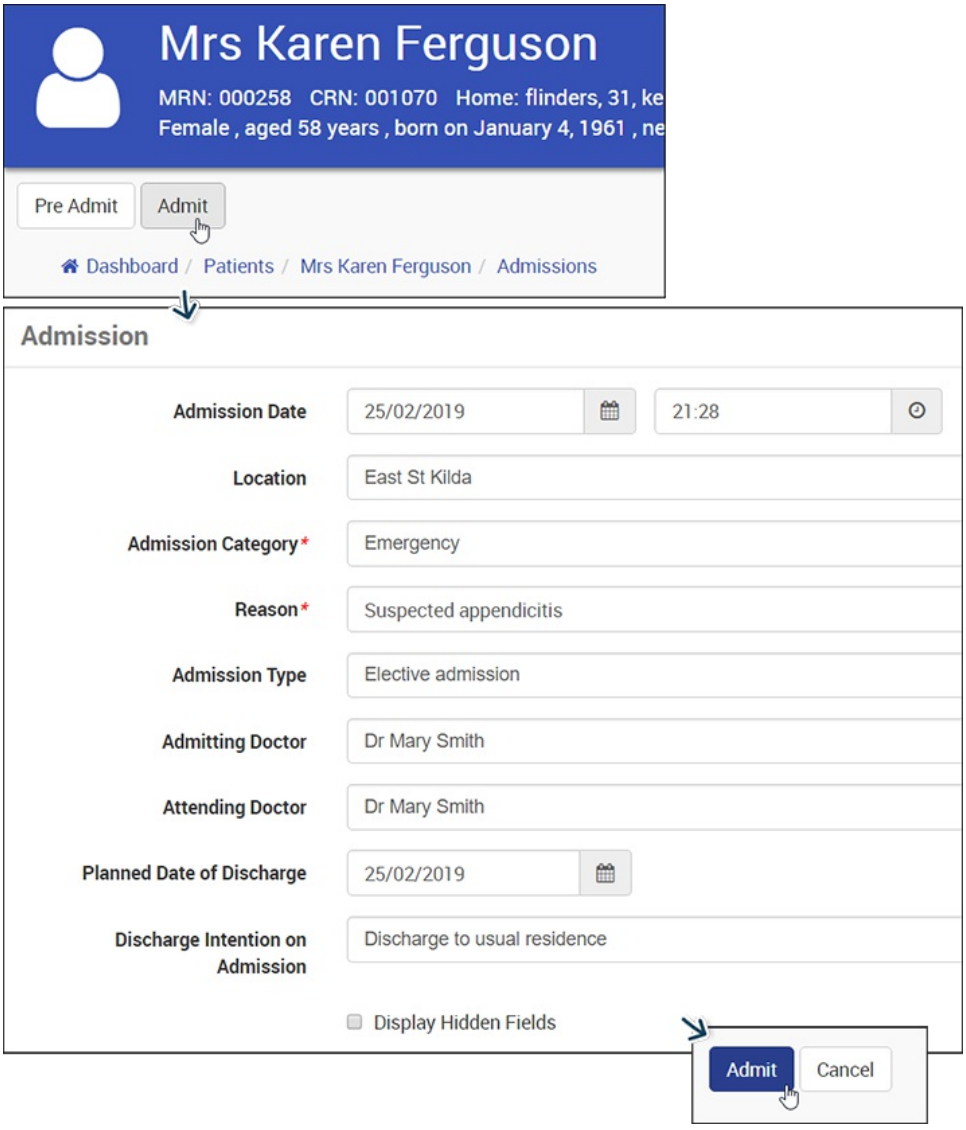
Step3. Admit

1. Select a patient.
2. Click **Show**.
3. In the Main Menu, click **Admissions**.

    a. The Admission screen will display, click **Admit**.

4. Select a **Location**.
5. Select an **Admission Category**.
6. Enter a **Reason** for the admission.
7. Fill in any remaining fields as per your business / statutory reporting requirements.
8. The Planned Discharge date can be defaulted to today (speak to your system administrator if it isn't).
    a. Adding a Planned Discharge date will not automatically discharge the patient on that date.
9. Click **Admit**.

The Patient is now admitted to the chosen location.



Step 4. Edit Admission

You can edit an admission regardless of the state that the admission is in (open, discharged or pending discharge). Most of the pick lists on the Edit admission screen can be defaulted to a value or hidden (see the Change Categories section for more details).

From the Patient Record

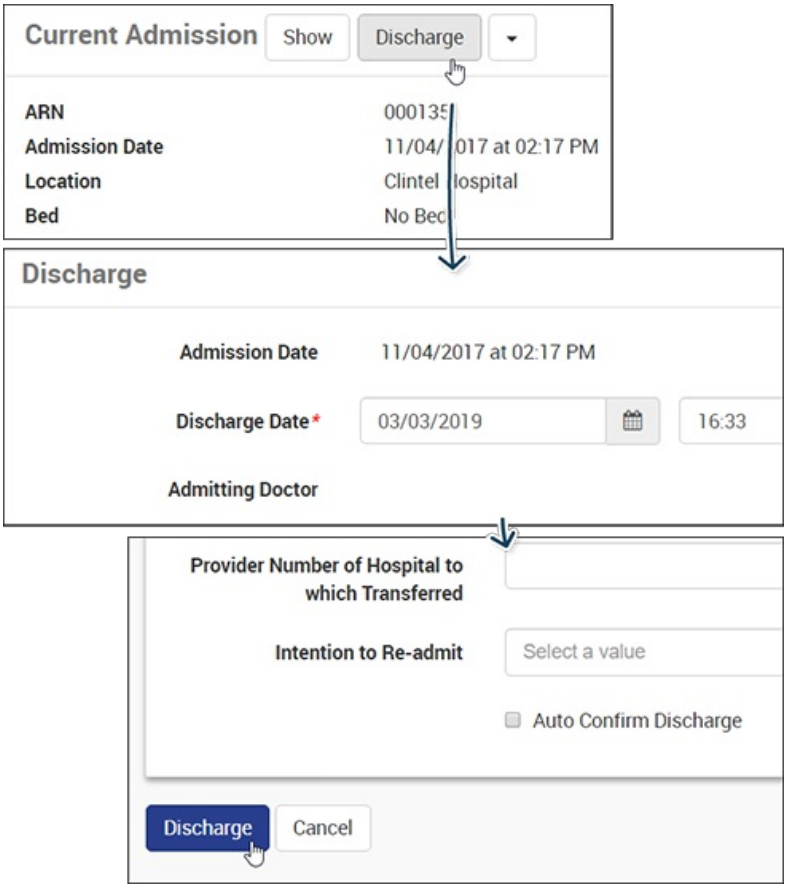
1. Search for a patient.
2. Click **Show**.
3. If this is the Current Admission:
    a. Select **Current Admission** in the Main Menu or in the banner click **Currently Admitted**.
4. If this is not the Current Admission, click **Admissions** in the left hand menu.
    a. From Admission History section, click **Edit**.
5. Fill in relevant fields, as needed.
6. Click **Update**.

Step 5. How to discharge a Patient

Discharge refers to patients who have completed their admission. Discharge may also be referred to as "separation". Discharge are administrative and mainly used for statutory reporting purposes.

1. From a Patient Admission, select the **Discharge** button.
2. Check details and edit discharge date/time as required.
3. Select a Discharge Diagnosis - Mandatory field.
4. Select a Discharge Status – Mandatory field.
5. Select a Discharged to – Mandatory field.
6. Discharge letter will be ticked if you have created a discharge letter on the Discharge Planning page.
7. Check the Confirm discharge box if the discharge is definite or has already occurred.
8. Select **Discharge** button.
    a. **Note**: On discharge, the QHAPDC Standard Unit Code will display the admitting doctor's details.

Upon discharge a Patient Snapshot is taken - see section Patient Snapshot for more information.



Cancel Discharge

1. Click the **Cancel Confirmed Discharge** button.
    a. The Cancel discharge iBox loads – check details of discharge to be cancelled.
2. Click **OK** to cancel the discharge or **Close** to close without cancelling the discharge.

Confirm Pending Discharge

If you did not check the Confirm Discharge check box on the Discharge screen then the Confirm Pending Discharge link will appear.

1. Click the **Confirm Pending Discharge** link.
2. Check the details.
3. Edit date/time if required.
4. Enter a discharge diagnosis if required.
5. Check the **Confirm Discharge** box.
6. Click **Confirm** to save.

Tip: The Confirm Pending Discharge field can be set to TRUE by default. Please contact your system administrator for further information.

Step 6. Coding and Grouping

n Admissions is considered to been coded when it has been 'grouped' (had the DRG - Diagnosis Related Group code set).
Note: Users completing this process require a specific privilege - please contact your System Administrator.

There are two ways to code an Admission in CareRight:

- Manually
- Automatically - utilising the integrated grouping software

Clinical Coding Expertise

CareRight is a sophisticated tool designed to collect admission data and produce the extract files for the federal and state statutory reporting bodies. However, Clintel support staff are not coding experts and are not qualified to advise on what clinical data should be entered for an admission.

You need to engage with a qualified clinical coder to establish which values should be entered against each admission. To code an Admission in CareRight you need the appropriate access - this can be granted by your System Administrator.

Manual Grouping

To manually group a admission you or your coder will need to have access to a third party coding product.

Automatic Grouping

CareRight Integrates with 3M grouping software*. This process utilises the Diagnosis and Procedure codes and determines the relevant DRG. **Note**: If you have a Diagnosis Related Group (DRG) or Major Diagnostic Category (MDC) already entered, then these will be overwritten when the grouper returns the DRG and MDC.

Grouping a Record

1. Search for a patient.
2. Click **Show**.
3. Select the relevant Admission.
    a. **Note**: Before pressing Group, you need to add at least one diagnosis to the admission record.
4. Select the **Group** button.
    a. You will see a message confirming that the Episode has been submitted for grouping.
5. Within ~2 minutes, if the grouping has been successful:
    a. A message will appear on the Admission > Show screen: This episode has been grouped successfully.
    b. The admission record will be updated with a Diagnosis Related Group (DRG) and Major Diagnostic Category (MDC).

Troubleshooting:

- If you receive an error message back from the Grouper - please contact 3M to remedy.
- If you do not receive a response back from the Grouper within 15 minutes then please contact Clintel Support.

* A licence and subscription is required with Clintel and 3M to use the Grouping integration.

Step 7. Creating a Linked Invoice

1. Search for a patient.
2. Click **Show**.

3. In the Main Menu, click **Admissions**.
    a. Select the hyperlinked ARN for the relevant Admission and the Admission screen will display.
4. Under the **Invoices** section, select the **New Invoice** button (Note: this will only display if the Admission has been discharged).
5. Select the following:
    a. Guarantor - Typically the patient's health fund e.g. BUPA
    b. Service Provider - Typically the hospital e.g. East St Kilda - Day Surgery
    c. Account Provider - Typically the hospital e.g. East St Kilda - Day Surgery
    d. Service Location - The hospital Service location where the admission took place - East St Kilda - Surgery
6. Select the **New Invoice** button
7. Most of the following screen should not need to be changed:
    a. Medical Provider- preset from last screen
    b. Service Location - preset from last screen but can be changed
    c. Invoice Date - Preset to today
    d. Compensation Claim - Preset to False/unchecked (select this if it is a Work cover claim etc – see Worker cover)
    e. Admission - Preset to the admission from step 2 (however, all admissions for this patient appear in the pick list)
8. Select **Create Invoice** button, the invoice screen will display.
9. Select the relevant item number and fill in the appropriate fields.
10. Select the **Add line item to invoice** button (if there is more than one item number), else select the **Create Invoice** button.
11. Repeat the process for additional item numbers for this invoice, these will display in the Line Items section.
12. When complete select the **Create Invoice** button.
    a. This process will automatically link the created invoice to the Admission record.
13. Access the Admission to review the Invoice.

Note: If an invoice is marked as Held for Claiming then you will see a message like the one below: The admission with this invoice is currently marked as 'Held from claiming' at 05/12/2017 at 10:21 AM. Refer to the Held Claims section for further information.

Step 8. Claim

Eclipse

Claim Generation

Eclipse claim generation is only supported for Day Surgery. If an admission is for more than one day and the guarantor is configured as "Electronic Claiming (Eclipse)" then a message needs to be displayed to the user on the claim screen that a paper-based claim will be created for this claim.

Currently when you "Prepare" a claim that is marked "Electronic Claiming" a Thelma XML file is created. If the guarantor is set to "Electronic Claiming (Eclipse)" instead the system should generate and send a IHC claim via eclipse. In the case when the guarantor is set to "Electronic Claiming (Eclipse)" the 'prepare" button shall be renamed to "Send to Health fund"

Claim Status

Once the claim has been successfully sent to the health fund by eclipse the claim screen will show the status as per the methods outlined by the Medicare communications. The Submissions section is not used or displayed for eclipse claims.

IHC Adjustment Claims

After a successful claim is complete it may be necessary to send an adjustment to the claims. This may be an alteration to the charges of the claim or simply altering other parts of the claim data.

Invoice Adjustments

Claims need to reflect invoice value including adjustments. Currently the claim displays, and uses, the line items values as the per the originally entered invoice value. This needs to be changed to use the value with all adjustments applied.

When building a claim, the adjusted value needs to be used for each segment.

Supplementary Claims

Supplementary claims are extra claims created against an Admission that only contain Miscellaneous or Prosthetic items. (No accommodation or theatre). These are used to claim for extra items after a "normal" claim has been submitted.

When generating a claim and the user selects contiguous claim code of "not in series", the claim has NO accommodation and all items are classified as "Miscellaneous" then the generated claim needs to default to a supplementary claim.

Important Note: There are a number of key setup items for In Hospital Claiming (Eclipse) - please refer to your Systems Administration Guide.

Thelma

To process a claim via Thelma:

1. Select Associate that is a service location and click ' **Create Invoice**'.
2. Select referral or Invoice Override Code.
3. Select **Service Location** and if necessary set invoice date (it will be today's date by default).
4. As Service Location is an Inpatient or Procedure Centre location type then a 'Default Hospital Settings' section appears. These should have the correct values by default (which for most funds are the values "Agreements' and 'Verbal' but for Medibank Private are 'Scheme' and 'Not Obtained').
5. Select required completed admission.
6. Click **Create Invoice**.
7. Entering line items - For each item on the invoice.
    a. Set the 'Date of Service' if the item wasn't given/performed today and you failed to set the invoice date above.
    b. Enter the item number (or select from pop-up list).
    c. Enter the time the item was given/performed.
    d. Set units if required.
    e. If there are other details about the item to enter click on 'Other Line Item Values' and enter the details in the appropriate field of either the 'Medicare Online' or 'Administration' sections. Patient Co-payment and excess amounts are entered here in the 'Patient Contribution' section..
    f. Click **Add Line Item to Invoice**.
    g. To remove an item click the ' **Remove**' button next to the item in the 'Line Items' section.
    h. If there are multiple procedures in the item list an 'Apply MPR' button will appear to allow the Multiple

Procedure Rule.

8. Once all items have been added and all their details are correct click the **Create Invoice** button.
    a. The invoice is now ready to be submitted or you could enter/allocate a payment to it before sending.
9. To submit the invoice click the ' **Claim**' button.
10. In the resulting window click the **'Inhospital Claim**' button top right.
11. In the resulting window, accept the declaration.
12. Classify the items (Accommodation/Theatre/Miscellaneous/Bundled).
13. If it is the first time this item has been used in an IHC for the fund you will need to fill in the number of information segments required (subsequent use of item number will auto populate these fields).
14. Click '**Next**' button.
    a. The resulting window displays all the data fields required for the IHC - fill in any that are not marked as 'Optional' and then click the '**Prepare**' button.
15. This will highlight all field that fail to verify.
    a. If there are set values for a field they will appear in a pop-up list as soon as you start typing in the field.
16. Data entered here does not currently auto-copy back into the relevant admission record for statutory reporting (e.g. HCP, VAED, ISCOS).
17. Once all required fields are populated properly click the ' **Save**' button.
    a. The window now gives a link for downloading the file that you then need to submit through eHealthWise.

8. Adding Medical Certificates

Medical Certificates

At times, health fund processing/claiming cannot proceed unless a medical certificate can be quantified. There are some treatments the Health funds wont pay for unless a Medical provider has signed off that the treatment is required.

CareRight enables the recording of certificates, with a start and end date, the certifying provider and the date the certificate was issued. These Medical Certificate details get sent off electronically with the claim (if there is an active certificate during the admission period.)

Examples of the type of certificates available:

- Type B
- Type C
- Nursing Home Type Patient (Acute Care)
- Psychiatric
- Rehabilitation
- Multiple Admission (Chemotherapy and Dialysis)
- Critical Care

To Add a new Medical Certificate

1. Search for a patient.
2. Click **Show**.
3. In the Main Menu, click **Admissions**.

4. Select **Medical Certificates**.
5. Click **New**.
6. Complete fields using the table below as reference.
7. Click **Create Medical Certificate**.

Field Name	Description	Examples
Certificate Type	This is a drop down list. This is the type of certificate	Type C
Start Date	This is the Certificate Start Date Please Note: It is important hat if the date of the claim does not fall between these dates, the process will fail.	01/05/2018
End Date	This is the Certificate End Date	01/07/2018
Certifying Provider	Select a Medical Provider. This is a search field	Dr Eric Jones
Date Issued	This is the date that the certificate is issued	15/04/2018
Nature of Illness	This is a free text field	The Patient is currently experiencing ....

Step 9. Check Uncoded Admission

1. From the CareRight Dashboard:
2. Select **Locations** Menu item and choose relevant Location.
3. Select **Admission Coding**.
4. The Admission Coding Summary screen has a matrix, for given date ranges, showing the number of admissions which are:
    a. Ungrouped - Not yet grouped i.e. the admission does not have a DRG code (or at least one Diagnosis or Procedure code).
    b. Ungrouped and Held for Claiming - Not yet grouped and flagged in admission screen as Hold Claims For This Admission = Yes.
    c. Grouped - Admissions with a DRG code (or at least one Diagnosis or Procedure code) and which are not cancelled.
    d. Total - Total of all Admissions discharged on the date which are not cancelled.
5. Click the hyperlink number to display admissions for a date period.

Note: If you do not require a DRG to be populated for an Admission to be deemed "coded" then check the setting "Enable Manual Coding" in System Administration>Locations (edit a location)

Discharge Date	Ungrouped	Ungrouped and held for Claiming	Grouped	Total
17/06/2018	1	0	2	3
16/06/2018	1	1	1	4
03/05/2018	1	0	2	3
30/04/2018	0	1	3	4
29/04/2018	1	2	4	7
28/04/2018	1	2	1	4

Example screen:

** this screen contains pagination results that will flow to additional pages after 30 entries

6. The list of Admissions will display with the following fields:

Field	Description	Example
Admission Date	Date of Admission with time	11/12/2018 at 09:51AM
Discharge Date	Date of Discharge with time	11/12/20108 at 04:35PM
ARN (hyperlink)	This is the Admission Record Number - it is unique	0001354

MRN **Field**	This is the Medical Record Number - it is unique **Description**	0000051 **Example**
Patient (hyperlink)	This is the patients full name	Mr Caleb James Gray
First Name	Patients first name	Caleb
Last Name	Patient Last name (the results will sort by this field as a default)	Gray
Admission Category	This is the category of the admission.	General
Reason	This is the reason for the admission	Sick
Held Status	Status of the claim	Ready to Claim

7. The values in this list can be sorted by the following fields:
    a. Admission Date
    b. Discharge Date
    c. ARN (admission record number)
    d. Patient First Name & Last Name
8. From the list, the ARN is a hyperlink to the admission - click this to go to the admission record
9. This admission can then be edited, coded, invoiced, etc

Alternative way to access this screen:

Accounts / Claim Types					
Bulk Billed	Uninvoiced	Unsent	Unpaid	Part Paid	Problem
Department of Veterans Affairs		2	5	1	0
Medicare		1	166	5	0
Totals		3	171	6	0
Hearing Services	Uninvoiced	Unsent	Unpaid	Part Paid	Problem
IMC		0	1	0	0

Accounts / Claim Types ACA Health Benefits Fund		2	0	0	0
AUSTRALIAN UNITY HEALTH LTD		11	0	1	0
BUPA Australia		2	1	0	0
CDH BENEFITS FUND		3	0	0	0
Defence Health		0	0	0	0
Frank Health Insurance		3	0	0	0
Garrison Health		2	2	0	0
Health Partners		2	0	0	0
Medibank Private		3	0	2	0
Totals		28	4	3	
IHC	Uninvoiced	Unsent	Unpaid	Part Paid	Problem
Private					
ACA Health Benefits Fund					
BUPA Australia					
CDH BENEFITS FUND					
CENTRAL WEST HEALTH COVER					
Department of Veterans Affairs					
MBF Australia Pty Ltd					
Totals					

Accounts / Claim Types					
IHC (held from claims)	Uninvoiced	Unsent	Unpaid	Part Paid	Problem
Other	Uninvoiced	Unsent	Unpaid	Part Paid	Problem
Private		0	75	12	0
ALLIANZ			0	1	0
BUPA Australia		0	30	17	
Defence Health					
WorkCover					
Totals					

Step 10. Accessing Invoices and Claims

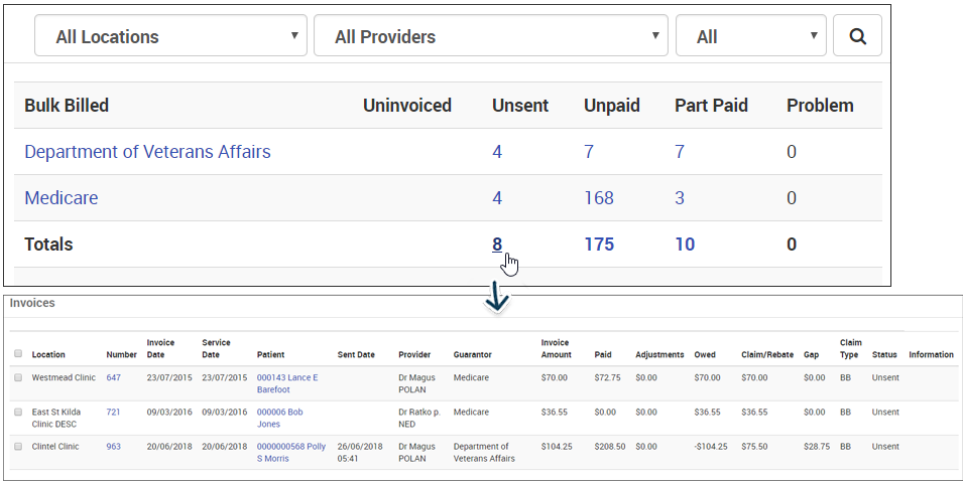
From the CareRight dashboard:

1. In the Main Menu, click **Location**.
2. Select the relevant location.
3. Select Invoices & Claims from menu.
4. The Invoices and Claims Screen will display:
    a. The complete view of accounts for your practise/organisation. This will assist with daily debt management.
5. From this screen you can also:
    a. Access all processed claims
    b. Manual ERA payments

How to View a List of Invoice Claims

1. From the Invoices and Claims screen, click a value under a column to display a listing of relevant invoices.

a. A list of invoices will appear.



Loan Accounts are displayed separately on the Invoices and Credits screen: