

CareRight Billing and Claiming Overview

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Overview

Following are the basic concepts in the Billing and Claiming module of CareRight.

1. [Patient accounts](#) - Accounts allow the billing of services and the receiving of payments for those services.
2. [General Invoicing](#) - This includes creating, Accessing, Reversing, Printing, editing and Adjustments on Invoices
3. [Hospital Billing](#) - Includes In Hospital Billing, Hospital Medical billing etc.
4. [Radiation Oncology Billing](#) - Radiation Oncology Invoicing
5. [Telehealth Billing](#) - Telehealth Invoicing
6. [Surgical Assistance Billing](#) - Billing for a surgical assistant for the services.
7. [Claiming](#) - IHC, IMC, PCI and Medicare/DVA bulk claiming
8. [Receipting](#) - Receipting from patient/guarantor, Allocations/Reallocations and Deposits.

Preconfigured Data for Billing

Locations	<ul style="list-style-type: none">• A location represents the financial entity you to group billing activities on• You can use different locations for invoicing and the receipting of payments• Each location has its own banking process.• Locations are configured per business requirements and independent of Medicare claiming requirements
Service Locations	<ul style="list-style-type: none">• A Location can have one or more Service Locations• A Service Location represents the different locations that a provider provides services.• A Service Locations may be external to the business running CareRight, for example, local public or private hospitals the doctor uses.• Service Locations are mostly defined based on Medicare registration details for claiming purposes.
Accounts	<ul style="list-style-type: none">• Accounts are the financial record for the relationship between a patient, a guarantor and the financial reporting provider.• The account structure chosen affects reporting options.• Accounts can be put on hold, sent to debt collectors and closed.

Provider	<ul style="list-style-type: none"> • The provider can be used in two ways for Billing,s the Provider on an account, called Financial Provider. • As the Provider on an invoice called Service Provider. • Financial Provider is used for reporting and account management based on business process. • Service Provider is assigned to an invoice based on who did the work from a claiming perspective. (Controlled via Medicare/DVA etc.).
<u>Guarantor</u>	<ul style="list-style-type: none"> • The entity is responsible for paying an invoice. • Can be: <ul style="list-style-type: none"> ◦ Patient ◦ Patient guardian/parent etc. ◦ Medicare/DVA ◦ Health Fund ◦ Work Cover/Accident Authority. ◦ Legal 3rd Party (e.g. Law Firm) • Inbuilt smarts to manage claiming to Health Funds, Medicare, DVA following applicable rules. • Claims to any third party can be managed in batch
Price	<p>This is the price per item number. This needs configuration is CareRight. Refer Adding a new Item in System Admin Guide.</p>

<p>Invoices and Items</p>	<ul style="list-style-type: none"> • Invoices must contain one or more Items. • Items represent available goods and service that can be billed. • Items can be: • MBS • Custom • Smartcode • MBS Items know how the need to be claimed and interact with other MBS Items on the same invoice. • Custom codes are user defined for billing non MBS Goods and Services. • Smartcodes are special Items defined in the system for working with complex claiming scenarios easily like assistant billing or anaesthetist billing. • Invoices know how to apply multiple procedure rule. • Invoices handle management of gaps, excesses and copayments.
<p>Billing Processes</p>	<ul style="list-style-type: none"> • Manual Invoice creation • Automated billing using user defined workflows. • Event capturing by providers to be translated to invoices using either of the above processes.
<p>Claiming</p>	<ul style="list-style-type: none"> • Manual / Paper Based claiming supported. • Batch generation • Inhospital Claim (IHC) full HC21 form generation. • Electronic Claiming Supported for: • Medicare Bulk Billing • DVA Paperless • Inpatient Medical Claim (IMC) • Inhospital Claim (IHC)

<p>Payments</p>	<ul style="list-style-type: none"> • Payments can be received as: • Cash • Cheque • EFTPOS/credit Card • Bank Transfer • Payments are recorded as receipts • Receipts can handle multiple payment types and monetary values on the one receipt. • Receipts can pay off multiple Invoices • Partial Payments are accepted.
<p>Manual Batch Payments</p>	<ul style="list-style-type: none"> • Pay down multiple invoices across multiple patients with one receipt. • Partial paydowns allowed. • Write On over payments easily with guided process. • Write off under payments easily with guided process.
<p>Automated Claim Payments</p>	<ul style="list-style-type: none"> • Automated process pays down paid claims. • No user intervention required on fully paid claims. • Rejected claims handled allowing for resubmission after correction. • Write On over payments easily with guided process. • Write off under payments easily with guided process.
<p>Banking</p>	<ul style="list-style-type: none"> • Banking process per location to reconcile receipts with actuals. • Guided process with dedicated printed forms for banking. • Integrated security to prevent unauthorised alterations to banked receipts.