

Transitioning to Eclipse IHC Claiming

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Introduction

This article applies to IHC claiming both same day and multi-day stay claiming.

When moving from claiming using HC21 forms to sending claims using eclipse there a few minor differences that will need to be considered.

Setup

The first thing to do is enabled the guarantor for eclipse claiming. [Admin>Accounting>Guarantor] edit the guarantor you want to send claims for and set the "Day Hospital IHC claiming" setting to "Electronic Claiming (Eclipse) Onboarding Mode".

This allows you to restrict who can send eclipse claims for this gurantor. Once the claims are accepted and you want to enable all claims to send electronically then set the value to "Electronic Claiming (Eclipse) "

Claiming Method	Online
Day Hospital IHC claiming	Electronic Claiming (Eclipse) Onboarding Mode
Other IHC claiming	No Claiming

Ensure that the users who will be sending these claims have the role "Can onboard In-hospital Claims (IHC)", this is configured in your user groups.

Sending a Claim

When viewing the invoice there will be a new button called "Eclipse Claim" that can be used to send the claim via eclipse. The existing claim and express claim options will generate a HC21 and should not be used for the invoice you want to send via eclipse whilst on boarding. Once the guarantor setting is changed from onboarding to normal eclipse then you will use express claiming as usual and it will send via eclipse.

MRN: 000153 CRN: Home: 925 Lawrence Avenue, Broadbeach QLD 4215
Male, aged 43 years, born on July 27, 1976

Edit Reverse Pay In Full Print Claim **Eclipse Claim**

[Dashboard](#) / [Patients](#) / [Mr Cal Grayson](#) / [Accounts](#) / [SH - Fund - iTest Health Fund](#)

Raised

IHC Claim

This admission meets the requirements for express IHC claiming.

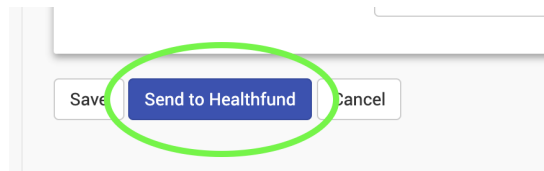
Express IHC Claim

Invoice

Invoice Number 953

This will take you to the "non express" screen, however you should be able to proceed through to send the claim without data entry.

Show advanced options **Next >>** Cancel



if there are no problems you will receive a success message. These messages follow the same format as all other eclipse claiming in CareRight

Dashboard / Patients / Mrs Maggie Carlson

Medicare Request

Medicare Success Code: 1716 - Request received, process in progress

Event ID	-:01
Sent	Wed, 20 May 2020 16:37:41 +0930
Request Type	lhc
Transmission Status	Success

Actions

- [View claim](#)
- [View invoice 954](#)
- [View other invoice from today for Mrs Maggie Carlson](#)
- [View all unpaid invoices for Mrs Maggie Carlson](#)

Status

Status Request History

No Status Requests Found

If there is a problem it might look like:

Medicare Request

Medicare Error Code: 9376 - Facility Id or Treatment Location Provider Number must be supplied

Event ID	CLL000007f015ec4d45ebb01:01
Sent	Wed, 20 May 2020 16:25:26 +0930
Request Type	lhc
Transmission Status	Failed

Actions

- [View claim](#)
- [View invoice 954](#)
- [View other invoice from today for Mrs Maggie Carlson](#)
- [View all unpaid invoices for Mrs Maggie Carlson](#)

Status

Status Request History

No Status Requests Found

Status & Payments

The ongoing status and payments or eclipse IHC claims work the same as IMC claims. Payments appear as ERA's and work the same as pay downs of IMC claims.

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"

Send Claims via Eclipse to Facilitate Health Fund Onboarding (New v6.63 Feature)

This new feature enables users to send specific individual IHC claims via eclipse instead of HC21 forms. This is used for onboarding of health funds.

Requirements

1. Display an invoice that is eligible for IHC;
2. User belongs to a group with the **Can onboard In-hospital Claims (IHC)** privilege enabled (done by System Administrator); and,
3. For guarantors, in the **Day Hospital IHC claiming** field, the option **Electronic Claiming (Eclipse) Onboarding Mode** is selected.

Location Details
<input type="checkbox"/> Can edit batches & claims
<input checked="" type="checkbox"/> Can onboard In-hospital Claims (IHC)
<input type="checkbox"/> Can perform banking
<input type="checkbox"/> Can edit HSP batches & claims

Claiming

Rate

AHSA

Claiming Method

Paper Based

Day Hospital IHC claiming

No Claiming

Other IHC claiming

No Claiming

Default Grouper Version

Electronic Claiming (Thelma)

Reference

Electronic Claiming (Eclipse) Onboarding Mode

Default Hospital Claim Type

Agreements

Default Hospital Consent

Verbal

Medicare Participant

Select from list

Notes on Requirements

When the **Can onboard In-hospital Claims (IHC)** privilege is set, the system operates the same as if the mode was set to "Paper Based" for all existing functionality.

Express claiming always uses Paper Based claim when the mode is set to **Electronic Claiming (Eclipse) Onboarding Mode**.

Functionality

If all 3 of the above requirements are met, then the **Eclipse Claim** button will appear adjacent to the **Claim** button. This can be used to generate an Eclipse claim instead of a paper-based claim.

Mr Dick Smith

Facility: Clintel Clinic

File Number: 000148

CRN:

Fund: BUPA Aust

Male , aged 54 years , born on January 7, 1965 , last admitted to Clintel

Edit

Reverse

Pay In Full

Print

Claim

Eclipse Claim

Dashboard

Patients

Mr Dick Smith

Accounts

BP - Fund - BUPA Australia

Raised

Invoice

Reallocating an ERA Receipt (New v6.65 Feature)

This feature enables users to reallocate an ERA receipt to an invoice.

- a.

a.

- b.

a.

- a.

a.

- a.

Claim Id	Invoice Id	Processing Report	Benefit	Claim Id	Date Of Lodgement	Claim Channel	Invoice Status	Received
XXX999990020191218043606	2		\$50.00	2	18/12/2019	SB4	Manual receipted to invoice 4.	\$50.00 reallocate
XXX999990020191218043607	3		\$50.00	3	18/12/2019	SB4	Manual receipted to invoice 49.	\$50.00 reallocate

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.
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