Bp Premier
SUMMIT 2025

Please take a seat,
your session starts soon.

Right: Ginmine design from corner, radiating outwards.
Designed for the Bp Bundaberg Operations Hub Mural Project, 2021

Artist: Nicole Wone

Addresses themes of: Evolution – Adaptation of Universe and traditional Indigenous beliefs across the globe.

Beginning of time, darkness. Movement in the cosmos. Rainbow Serpent – Creation being. Ancestral lineage without our DNA

Mastering Medicare Payments

Bp Premier SUMMIT 2025

Adam Cotter

Adam Cotter brings over a decade of customer service experience prior to his transition to the information technology sector in 2022 when he first joined Best Practice. Starting as a Support Specialist and quickly advancing to the Lead Support Specialist role, Adam now manages the Lead Support Team. As a manager, he fosters a collaborative team environment focused on growth and exceptional service with a focus on clear communication, problem-solving, and providing effective solutions to complex issues.

Scott Everist

Scott Everist is a seasoned professional with over 13 years of experience at Best Practice. In recent years, Scott has transitioned into a management role in Service Quality. Here, he focuses on data analysis, quality assurance, and ensuring the best outcomes possible for the Customer Support Group. His analytical skills and attention to detail have been instrumental in driving improvements and maintaining high standards.

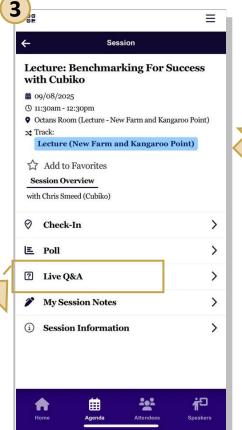# SUMMIT 2025

Ask any questions using The Event App
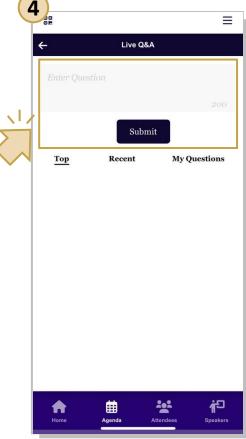
Download the app By scanning the QR code

Login to Bp Premier

1 Best Practice

2 Login

Product: Bp Premier

Version: Spectra SP1 Revision Edition

Build No: 1.13.1.1078

Site ID: 99989

Drug database: July 2025

User: Dr Frederic

Password: ●●●●●●

Location: Bundaberg Clinic

Start in: Main screen

3 Presenter to select relevant user and location

Password : samples

4 Login | Cancel

5 Bp Prem

File Clinical Management Utilities View Setup Help

Currently logged in: Dr Frederick Findacure
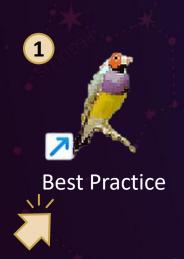
What will be covered today

- Private Patient claiming

- Online Bulk bill claiming

- Payment Integrations in Bp Premier
  - Tyro
  - CommBank Smart Health
  - HICAPS

- Common Support Issues
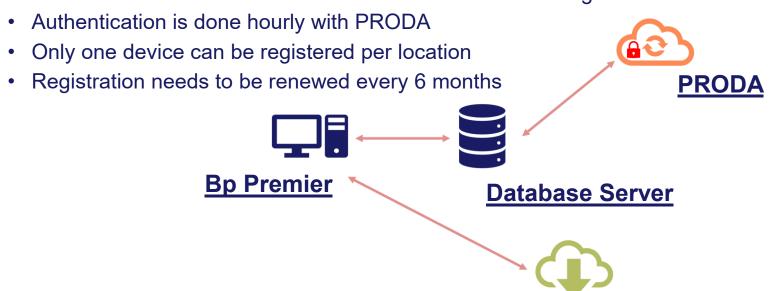
What is Medicare Online Claiming?

- Online Claiming is an electronic transmission of Medicare bulk bill claims

- No paperwork is necessary to claim online

- There's a full audit history within Bp Premier

- Claims can be processed and paid in as little as 12 hours

- Incentive items are automatically added to eligible patients
    - BP Premier caters for specific Modified Monash locations and MyMedicare incentives items

- Some claims may require manual processing
    - Multiple Procedure items
    - Care Plans items
    - General Surgery items

- Best Practice can claim standard Medicare / DVA bulk bills
    - Can also send Hospital and Allied Health claims

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How does it work in Bp Premier?

- Transitioned from Adapter Technology to Medicare Web Services - 2022

- A B2B device is registered in Bp Premier with PRODA
  - This allows secure communication to Services Australia/Digital Health channels
  - Authentication is done hourly with PRODA
  - Only one device can be registered per location
  - Registration needs to be renewed every 6 months

Bp Premier   **Database Server**   **PRODA**   **Medicare**

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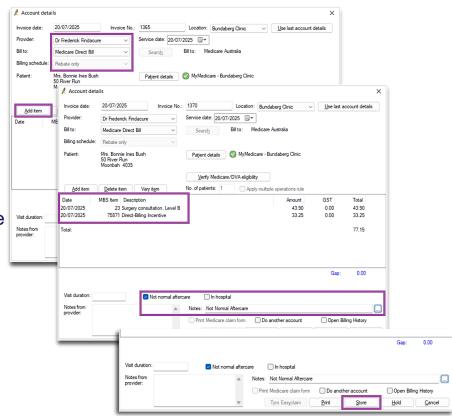Adam Cotter and Scott Everist

Private Patient Claiming

- Account creation

- Same day reversals

- Resending unsent private patient claims

- Resending private patient claims

- Reversals that are part of a banking batch

Creating eligible accounts

- Account must have an eligible Provider selected
  - Provider number
  - Referral requirements
- The '*Bill to:*' section will have either '*Medicare Direct Bill*' or '*DVA Direct Bill*' selected
- Click on '*Add item*' to add the items required for the bill if not sent through by the Doctor
- If the patient is eligible the Direct-Billing Incentives will be automatically added by the system
- Enter any of the following if required
  - No. of patients
  - Not normal aftercare
  - In hospital
- Click on '*Store*' to store for later transmission in an online claim batch
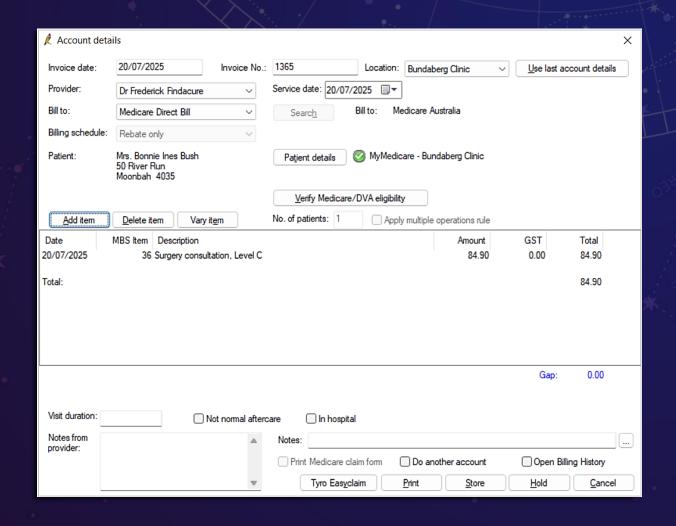

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Activity 1

- Creating eligible accounts:

- Account 1
  - Patient name – Bonnie Bush
  - Treating Doctor – Dr Frederick Findacure
  - Billed to – Medicare Direct Bill
  - MBS item – 36 – Surgery consultation, Level C
  - Store – Do not pay

- Account 2
  - Patient name – Claire Jones
  - Treating Doctor – Dr Frederick Findacure
  - Billed to – Patient
  - MBS item – 23 – Surgery consultation, Level B
  - Pay – Untick any claiming options

Account details window:

Field	Value
Invoice date:	20/07/2025
Invoice No.:	1365
Location:	Bundaberg Clinic
Provider:	Dr Frederick Findacure
Service date:	20/07/2025
Bill to:	Medicare Direct Bill
Bill to:	Medicare Australia
Billing schedule:	Rebate only
Patient:	Mrs. Bonnie Ines Bush, 50 River Run, Moonbah 4035

MyMedicare - Bundaberg Clinic

Verify Medicare/DVA eligibility

No. of patients: 1 — Apply multiple operations rule

Date	MBS Item	Description	Amount	GST	Total
20/07/2025	36	Surgery consultation, Level C	84.90	0.00	84.90
Total:					84.90

Gap: 0.00

Visit duration: ☐ Not normal aftercare ☐ In hospital

Notes from provider:

Notes:

☐ Print Medicare claim form ☐ Do another account ☐ Open Billing History

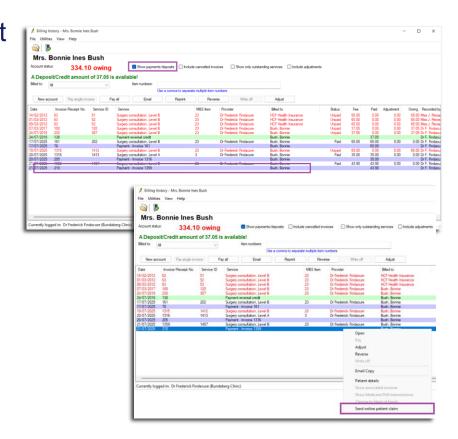Tyro Easyclaim | Print | Store | Hold | Cancel

Sending unsent private patient claims

For invoices created same day that haven't been sent via patient claiming

- Enter patient's Billing History
- Select Show Payments
- Right click on appropriate payment
- Select '*Send via patient claiming*'

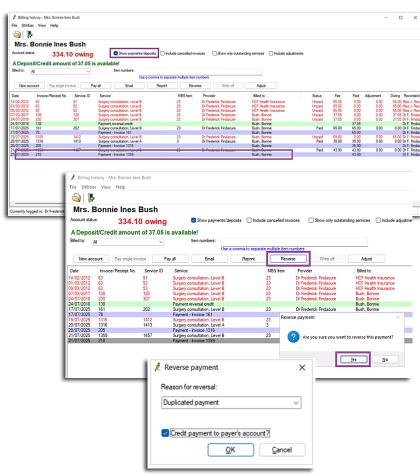Mastering Medicare Payments

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Sending unsent private patient claims

For invoices created prior to today where patient claims were not sent

- Enter patient's Billing History
- Select Show Payments
- right click on appropriate payment
- Click on '*Reverse payment'* button
- Click on '*Yes'* button to proceed
- Keep the credit – Depends on workflow
- Enter a reason and click on '*OK*' button
- Re-process the account and pay, this time ticking send via patient claiming

(Note – Medicare advises that the patient be present when the patient claim is processed)

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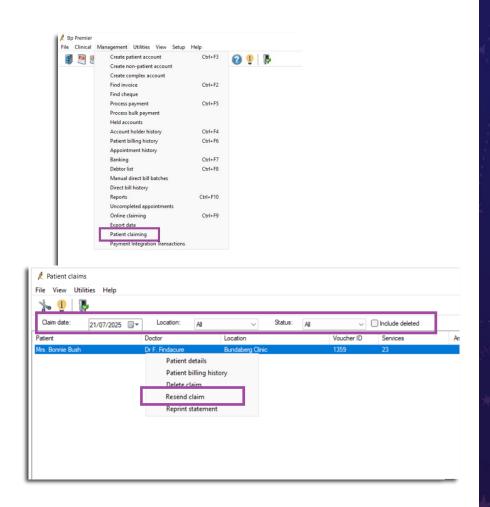
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Resending private patient claims

For previously failed transmission
- Claim has been rejected
- Payment has been taken from the patient and you need to process the claim later

Workflow -
- Enter Patient Claiming screen
- Filter the displayed results
- Highlight the appropriate claim
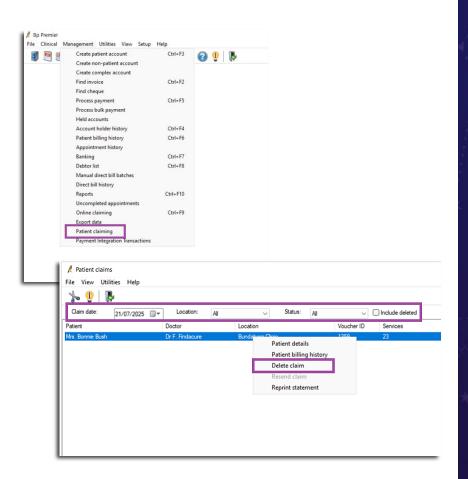- Right click on claim and select Resend claim

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Deleting same day claims

If a claim is sent with incorrect details for services or payments, these transactions can be cancelled through Bp Premier without having to contact Medicare. However, this must be done on the same day the claim was processed

- Open Patient Claiming Screen
- Filter the displayed results
- Highlight the appropriate claim
- Right click on claim and select Delete claim

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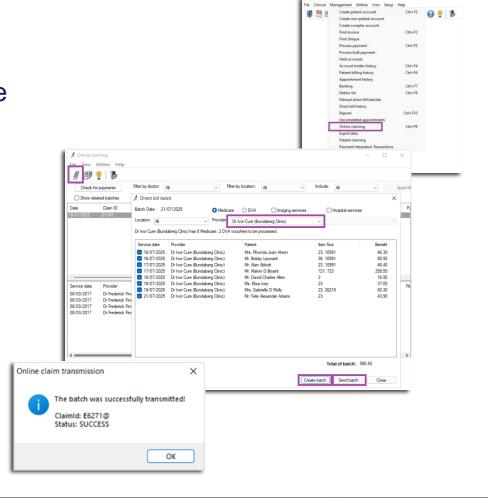
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Online Bulk bill claiming

- Creating Online claiming batches

- Check for payments

- Reconciling batches

- Handling rejections

- Manual direct bill batches

- Patients billing history – Tracking payments

Creating Online claim batches

- Open Online claiming
- Click on the 'New claim icon'
- Select provider and batch type
- Click on '*Create batch*' button
- Select required services
- Click on '*Send batch*' button
- When success notification appears click on '*OK*' button

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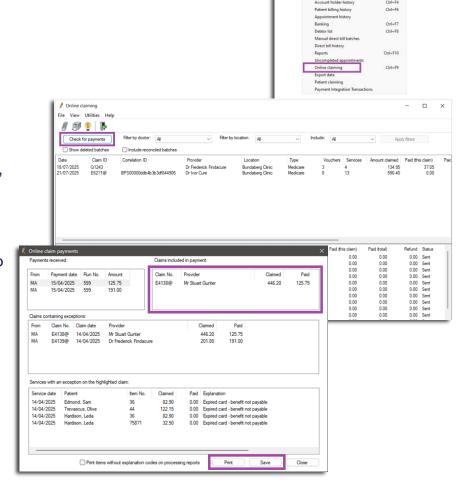
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Checking for payments

Checking for any paid batches can be done by selecting the 'Check for Payments' button.

- Click 'Check for payments' button.
- We contact Medicare and download any available payment and processing reports.
- When the download completes, pressing the 'Save' button will update the database.
- Any updated batches will change from 'Unpaid' to either:
  - Received – There are exceptions in the batch. These will need to be fixed.
  - Reconciled – These have been fully paid and do not require any further action.

Pressing the 'Print' button on this screen will only print the available reports and will not update the BP database with any information.

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Reconciling online claim batches
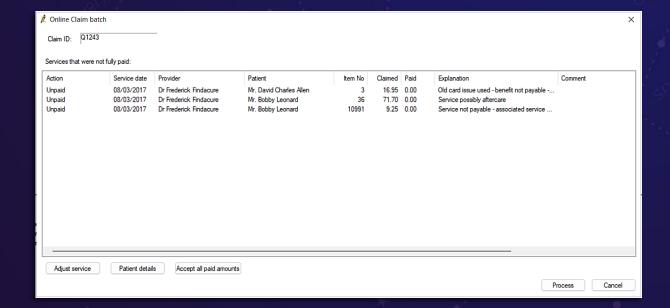
What you need to know:

- How to handle rejections

- When to write off an account

- What happens if an item is paid over or under claimed amount?

- What happens when there are fee changes to MBS and DVA Schedules?

- How to claim multiple procedures correctly

- How to find claiming trail

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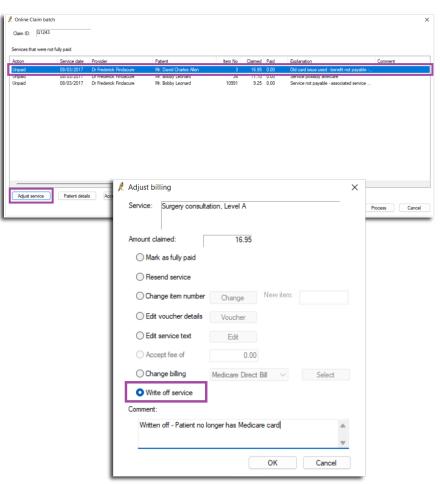Scott Everist

Activity 2

- Adjusting received batches

- Treating Doctor – Frederick Findacure

- Batch 1
  - Care plans previously billed
  - Patient should have been billed for a review

- Batch 2
  - Patient doesn't have new Medicare Card
  - Service is aftercare

Online Claim batch

Claim ID: Q1243

Services that were not fully paid:

Action	Service date	Provider	Patient	Item No	Claimed	Paid	Explanation	Comment
Unpaid	08/03/2017	Dr Frederick Findacure	Mr. David Charles Allen	3	16.95	0.00	Old card issue used - benefit not payable -...	
Unpaid	08/03/2017	Dr Frederick Findacure	Mr. Bobby Leonard	36	71.70	0.00	Service possibly aftercare	
Unpaid	08/03/2017	Dr Frederick Findacure	Mr. Bobby Leonard	10991	9.25	0.00	Service not payable - associated service ...	

Adjust service   Patient details   Accept all paid amounts

Process   Cancel

Handling Rejections

- Writing off an item means the practice is accepting the item will not be paid
- Writing off is often used on standard patient invoices when the practice knows they will not receive payment for an outstanding account
- Change item number - when an item has been rejected by Medicare and that service was not eligible, a different item may be required to be claimed
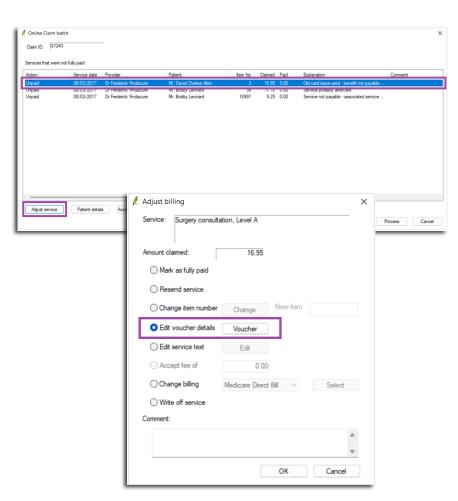

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Handling Rejections

- Accepting paid amounts should only need to occur when an item has not been paid the full amount of what was charged
- Accepting a lesser amount will automatically place an '*adjustment*' for the item within the patients filling history to reconcile
- If an item is claimed with a lesser amount, Medicare will pay the full amount and Best Practice will adjust the patients billing history accordingly once payment is received
- Do not '*Mark as fully paid*' – this does not reflect on financial reports
- Do not '*Accept all paid amounts*' – this does not reconcile the batch correctly for outstanding items

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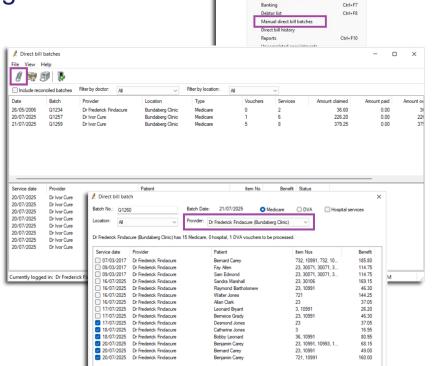
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Manual direct bill batches

- Area designed for manually claiming
- Batches not sent to Medicare
- Billings can be adjusted

Workflow is similar to Online Claiming

- Open Manual direct bill batches
- Click on the 'New batch icon'
- Select provider and batch type
- Select required services
- Click on '*Create batch'* button
- Click on '*Print & Save'* button
- Batch then able to be manually adjusted
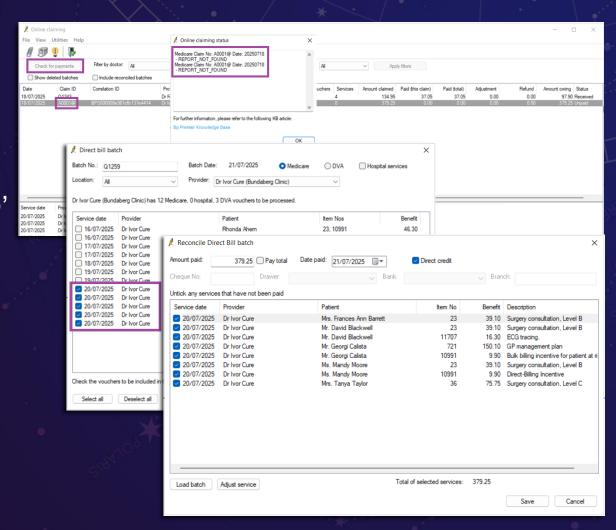

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Activity 3
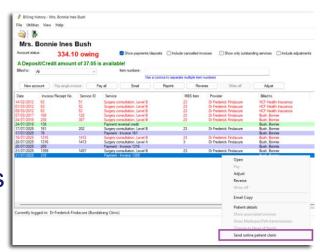
- Manual direct bill batches:

- Batch has status 'REPORT_NOT_FOUND'

- Has been paid by Medicare but shows as unpaid in Bp

- Needs to be manually paid as Medicare has sent payment information through mail/email

Patient billing history – Tracking payments

- Locate patient with billing
- Right click > Show Medicare/DVA transmissions
- Note details of the invoice/service
- Search area that claim was submitted
  - Online Claiming
  - Manual direct bill batches
  - Payment Integration Transactions
- Filter area using noted invoice/service details

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Activity 4
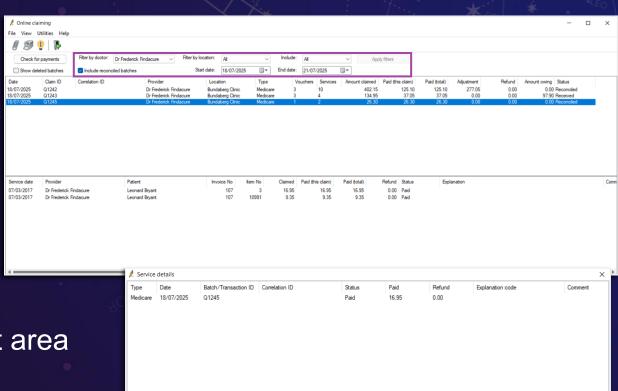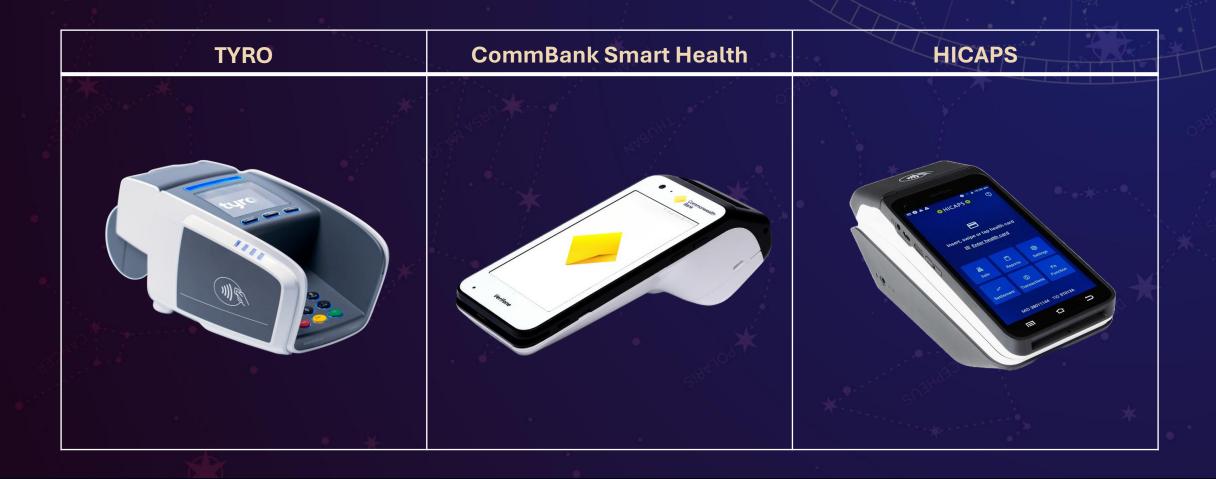
- Tracking Medicare/DVA transmissions

- Patients to track –
  - Lucian Ivey
  - David Charles Alfreds
  - Leonard Bryant

- Pick a billing

- Identify the 'Type' of billing and filter that area

What each integration offers

Tyro	• Integrated Medicare Easyclaim (Rebates same day to the patient's bank) • Integrated Medicare Online (Private patient claims to the patient's bank account within the next 2-3 business days). • Integrated Medicare Easyclaim (Bulk Bill) • Integrated EFTPOS (payment by EFTPOS and Credit Card)
CommBank Smart Health	• Integrated Medicare Online (Private patient claims to the patient's bank account within the next 2-3 business days). • Smart Health terminal only • Process Overseas Visitors and Overseas Student Health Cover claims • Integrated EFTPOS payments (payment by EFTPOS and Credit Card).
HICAPS	• Integrated Medicare Easyclaim (Rebates same day to the patient's bank). • Integrated Medicare Online (Private patient claims to the patient's bank account within the next 2-3 business days). • Integrated EFTPOS (payment by EFTPOS and Credit Card). • Integrated EFTPOS Refunds (refund payments to EFTPOS and Credit Cards).

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Tyro

Integrated Medicare Easyclaim

- Use Tyro to transmit patient claims via Medicare Easyclaim for private patient accounts. When a patient pays through the Integrated Tyro solution, the payment and the claim are submitted one after the other in real-time.

- Medicare will assess the claim, and if it is approved, the patient can use an EFTPOS card to receive the rebate directly into their bank account for fully or partially paid accounts.

Integrated Medicare Bulk Bill Easyclaims

- Bulk Bill Easyclaims make it possible to bulk bill a patient and send their claim to Medicare via Tyro without having to batch the invoice. You also do not have to print the DB4 forms when using Tyro Bulk Bill Easyclaims. A patient assigns the right to the practice to claim on their behalf by answering a prompt on the Tyro terminal.

Integrated Medicare Online

- Use Tyro Integrated EFTPOS to process payments for private patient accounts and then submit the claim to Medicare using the Patient Claiming functionality in Bp Premier.

- Medicare will assess the claim, and if it is approved, Medicare will deposit the rebate amount directly into the patient's bank account for fully or partially paid accounts.

Integrated EFTPOS payments

- Use Tyro Integrated EFTPOS to process EFTPOS and Credit Card payments for custom item numbers and private patient accounts.

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CommBank Smart Health

Integrated Paid-patient claims

- Using a CommBank Smart Health Terminal, fully paid accounts are able to be sent to Medicare for approval. If approved, the patient can use an EGTPOS card to receive the rebate directly to their bank account.

Process Overseas Visitors and Overseas Student Health Cover claims

- Using the Smart Health terminal from Bp Premier, you can process Overseas Students Health Cover (OSHC) claims and Overseas Visitors Cover (OVC) claims.

- Claims can be submitted using the terminal and the patient's fund card. The terminal then connects to the health fun and is able to provide a rebate summary.

Integrated EFTPOS payments

- Use CommBank Smart Health Integrated EFTPOS to process EFTPOS and Credit Card payments for custom item numbers and private patient accounts.

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HICAPS

Integrated Medicare Easyclaim

- Use HICAPS to transmit patient claims via Medicare Easyclaim for private patient accounts. When a patient pays through the Integrated HICAPS solution, the payment and the claim are submitted one after the other in real-time.

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Integrated Medicare Online

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Integrated EFTPOS Payments

- Use HICAPS Integrated EFTPOS to process EFTPOS and Credit Card payments for custom item numbers and private patient accounts.

Integrated EFTPOS Refunds

- Use HICAPS Integrated EFTPOS to refund EFT payments directly to the patient's EFTPOS or Credit Card.

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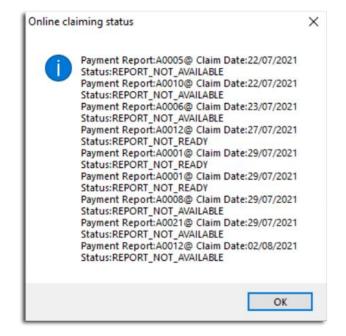
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Common Support Issues

- Check for payments - Responses

- Patient claims marked as 'Pendable'

- 9202 errors and how to prevent them

- Suitable scenarios to delete batches

Check for payments - Responses

- REPORT_NOT_FOUND
  - The claim information does not match Services Australia's records. Contact Services Australia for more information.
- REPORT_NOT_READY
  - The claim has not yet been finalized by Services Australia. Try again later
- REPORT_NOT_AVAILABLE
  - The claim was processed and has been rejected. Check the processing report for more information.
- Claim is older than 6 months
  - Submitted claims can't be more than 6 months from date of lodgement
- Success
  - Submitted!

Online claiming status ✕

ⓘ Payment Report:A0005@ Claim Date:22/07/2021
Status:REPORT_NOT_AVAILABLE
Payment Report:A0010@ Claim Date:22/07/2021
Status:REPORT_NOT_AVAILABLE
Payment Report:A0006@ Claim Date:23/07/2021
Status:REPORT_NOT_AVAILABLE
Payment Report:A0012@ Claim Date:27/07/2021
Status:REPORT_NOT_READY
Payment Report:A0001@ Claim Date:29/07/2021
Status:REPORT_NOT_READY
Payment Report:A0001@ Claim Date:29/07/2021
Status:REPORT_NOT_READY
Payment Report:A0008@ Claim Date:29/07/2021
Status:REPORT_NOT_AVAILABLE
Payment Report:A0021@ Claim Date:29/07/2021
Status:REPORT_NOT_AVAILABLE
Payment Report:A0012@ Claim Date:02/08/2021
Status:REPORT_NOT_AVAILABLE

OK

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Patient claims marked as 'Pendable'

- Billing gets flagged with Medicare gateway
- What causes the 'Pendable' flag?
  - Issues with referral
  - Item code validity
- User **must** click 'Yes' and review the invoice, otherwise the claim will not be submitted to Medicare
- Add invoice note and resubmit

Online claim transmission

Error occurred sending a Patient Claim Interactive - General request:

Error code: 9641 - A restrictive condition exists.

The Claim has been marked as pendable, adjustments may need to be made to the invoice / services to be accepted by Medicare. Would you like to adjust the invoice and re-submit?

Yes   No

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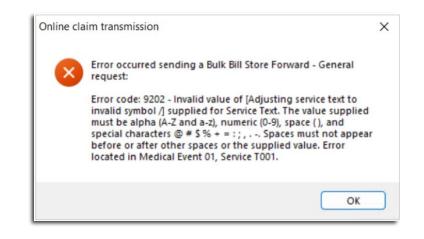
9202 errors and how to prevent them

- Error occurs if the service text isn't formatted to Medicare's standard
- The text must align to the error that's returned
- The 'Medical Event' and 'Service' numbers help identify which Invoice/Service being submitted is causing the issue.
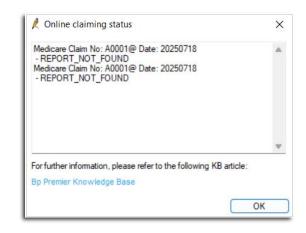
Online claim transmission

Error occurred sending a Bulk Bill Store Forward - General request:

Error code: 9202 - Invalid value of [Adjusting service text to invalid symbol /] supplied for Service Text. The value supplied must be alpha (A-Z and a-z), numeric (0-9), space ( ), and special characters @ # $ % + = : ; , . -. Spaces must not appear before or after other spaces or the supplied value. Error located in Medical Event 01, Service T001.

OK

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Suitable scenarios to delete batches

- Batches not to be deleted on day of submission
  - One or more business days for Medicare to action the batch
- After verifying with Medicare that the batch needs to be reprocessed and all services in the batch show as unpaid
- If a REPORT_NOT_FOUND status is returned
- If the batch has been paid by Medicare but shows as unpaid in Bp Premier
  - The batch will then need to be manually processed through 'Manual direct bill batches'

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Questions & Answers