

# Eclipse

## Access Anaesthetics Online Claiming Manual

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**Healthbase Pty Ltd**

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# 1 Introduction

Medicare and Health Funds are now able to process claims for payment electronically. According to Medicare Australia, this will speed up the processing of claims and reduce the incidence of errors. Claims for no- and known-gap accounts can be sent in one transaction to Medicare and health funds. With appropriate verification, payments will be made and reports returned to the practice location software. Eclipse will also allow instant verification of the Medicare eligibility status of patients, and their health fund membership.

Before you can send claims electronically, you must register with Medicare Australia<sup>[2]</sup>. This process takes about 2 weeks. See the Getting started section<sup>[2]</sup> for full details on registration, installation and setting up Access Anaesthetics.

Accounts are created in the normal way. Then, rather than print and mail the account, use the Eclipse tab to send the account electronically. You can track the status of claims from within the system. When a claim is processed, a processing and payment report is retrieved electronically, and is used to finalize the account.

Getting started<sup>[2]</sup>

Creating a claim<sup>[14]</sup>

Retrieving reports<sup>[32]</sup>

Eclipse menu<sup>[35]</sup>

Participating health funds<sup>[42]</sup>

Managing Eclipse Accounts<sup>[41]</sup>

Recommended daily routine<sup>[36]</sup>

## 2 Getting Started

The steps involved in setting up Eclipse for Access Anaesthetics are as follows:

- Register with Medicare Australia<sup>[2]</sup>
- Install the Eclipse Setup file from the Healthbase website<sup>[2]</sup>
- Install Java<sup>[3]</sup> (this may already be installed on your PC)
- Install the Medicare Location Certificate CD<sup>[3]</sup>
- Type setup details into Access Anaesthetics<sup>[8]</sup>

A checklist<sup>[8]</sup> built into Access Anaesthetics can help you identify which installation procedures are not yet completed. If you have any problems, consult this troubleshooting guide<sup>[9]</sup>. If you are still having problems, contact us.

Once installed successfully, follow these initial online procedures<sup>[11]</sup>. Then create your first claim<sup>[14]</sup>.

### 2.1 Registration

Each practice location and each doctor must register with Medicare Australia for Online Claiming. The Medicare Online website has all the details. This process takes about 2 weeks. A Location Certificate will be mailed on a CD, and a password will be sent a few days later. You need to complete some forms as described on the Register for online business page. Specifically ...

For each site sending claims...

- Application for a Site Certificate (required for any site sending online claims - single doctor or group)
- If you are a practice manager registering for a group you will need to complete a referee form (there are 3 different types).

**To complete the forms you will need a unique Location ID that we provide. Medicare refers to this as the Minor Customer ID. Please contact us if we have not already sent this to you.**

For each doctor sending claims...

- Online Claiming Provider Agreement form
- Online Claiming Practice Details form
- Online Claiming Banking Details form
- Optional - Application for an individual certificate (you can use these in Access Anaesthetics if you like, but don't need to.)

Direct links to these forms are provided on the Healthbase website. If you need help with this, don't contact us, contact the Medicare eBusiness Service Centre on 1800 700 199. They can assist you to complete the required forms and process them.

### 2.2 Eclipse Installation

We have packaged a number of Medicare files into an "Eclipse installation file". This will install the Online Claiming software from Medicare Australia, and set some required environment variables<sup>[10]</sup>. You will also be prompted to install the PKI Certificate Manager which is required to install your Location Certificate<sup>[3]</sup>.

1. Download EclipseSetup.exe from the HealthBase website (7.3MB).
2. Save it to a convenient location on your hard drive, for example, the Desktop.
3. Double click on the downloaded file and follow the prompts.

If you want to check that this was installed correctly, see the Eclipse setup paragraph on the troubleshooting

page [9](#), and the environment variables page [10](#).

## 2.3 Java Installation

Java is required for Online Claiming. Download from <http://www.java.com>. If you already have Java installed you may skip this step.

In September 2008, Eclipse had not been officially certified with versions above 1.6.2, although we have used it successfully with later versions. (If you have any problems with your current version you can obtain earlier version of the 'Java Runtime Environment' from <http://www.oldapps.com/java.htm>. The earliest version that we have used successfully is 1.5.0.8).

## 2.4 Location Certificate

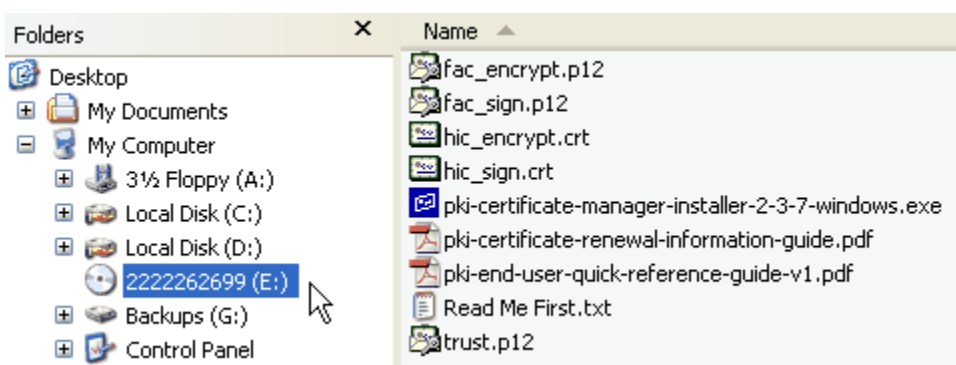
The Location Certificate is an essential part of getting Eclipse running. Every transmitting location must have a unique Location Certificate. In contrast, an individual certificate is optional and can be used by an individual doctor for additional security. An individual certificate can be used at any Eclipse transmitting location.

We have had occasions when clients have been unable to get Eclipse working because they have received an individual certificate, but not a Location Certificate.

Your Location Certificate will arrive by mail on a CD. In early 2008, the CDs arrived with a plain white label showing the Australian Government Medicare Australia logo on top, and a 10 digit RA Number below the centre hole.



When viewed in Window Explorer, the contents of the CD should look like the image below ...



In contrast, an individual certificate usually arrives with a USB iKey or "smartcard". These are referred to as "Tokens" and have a separate installation CD which may refer to iKey drivers. You may install these by following the instructions which accompany them. However, these are not Location Certificates.

Once you have your location certificate, install it using these instructions [3](#).

### 2.4.1 Location Certificate Installation

Install your Location/Site Certificate using the PKI Certificate Manager as described below. You will require the CD and password that you received from Medicare Australia when you registered your practice location.

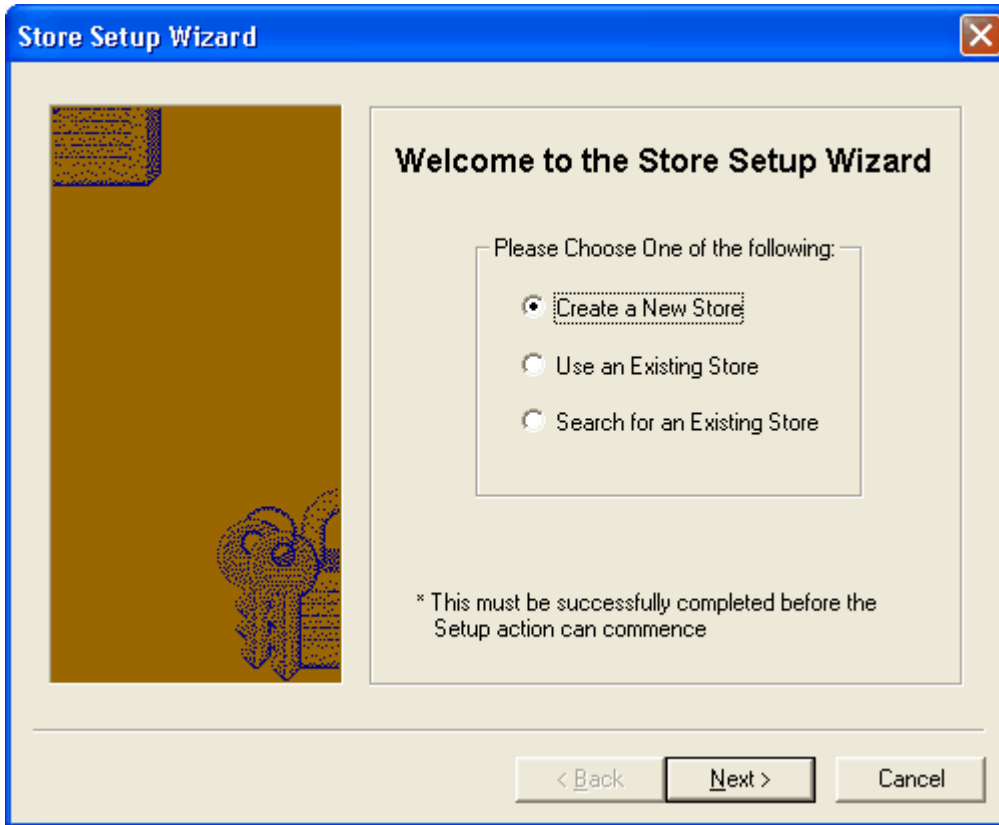
Click Start > Control Panel

Double click on PKI Certificate Manager.

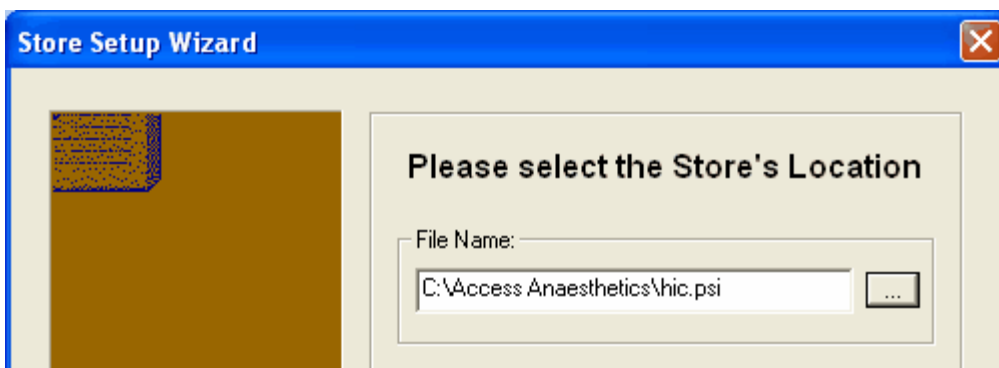


If you can't find the PKI Certificate Manager, run the Access Anaesthetics EclipseSetup.exe again, or run the pki-certificate-manager-installer from your Medicare Location Certificate CD.

The following screen will appear. Select 'Create a New Store' and click <Next>. This will create a new store for the location certificate. The store is a file saved on your computer which is referred to as the 'PSI store', or certificate store.



Enter the **folder and file name** for the new certificate store. Normally this will be C:\Access Anaesthetics\hic.psi.



Note the following ...

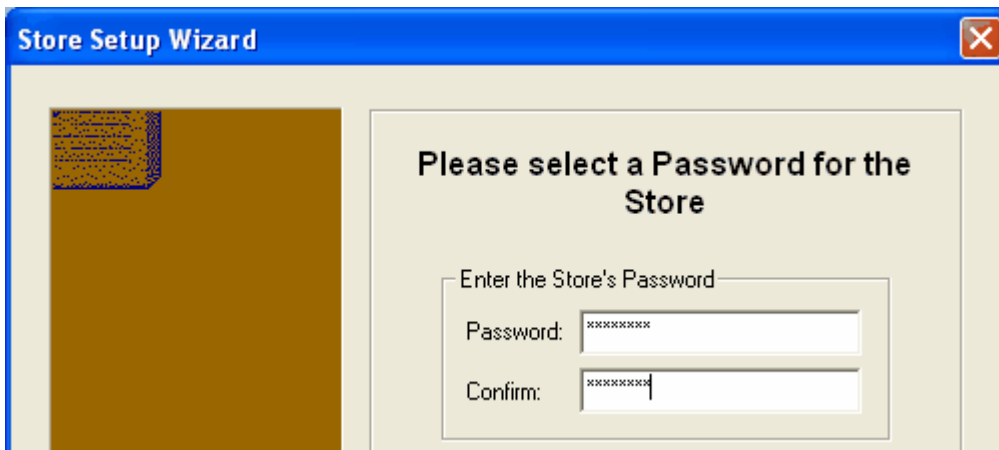
- You can use the open folder button to find the folder. However this won't enter the file name. The file name **must** be hic.psi. You have to type this in.
- You don't have to use the Access Anaesthetics folder. However this will be easy to find.

- If you are running multiple computers on a network, the hic.psi file must be available to all network users. Consequently we suggest putting it in the same location as your Access Anaesthetics data files. This may be C:\Access Anaesthetics on one of the computers, or it may be on the server e.g. \\server\AADataFiles\hic.psi.

Write down where you created the PSI store as you will have to specify this later when setting up Access Anaesthetics.

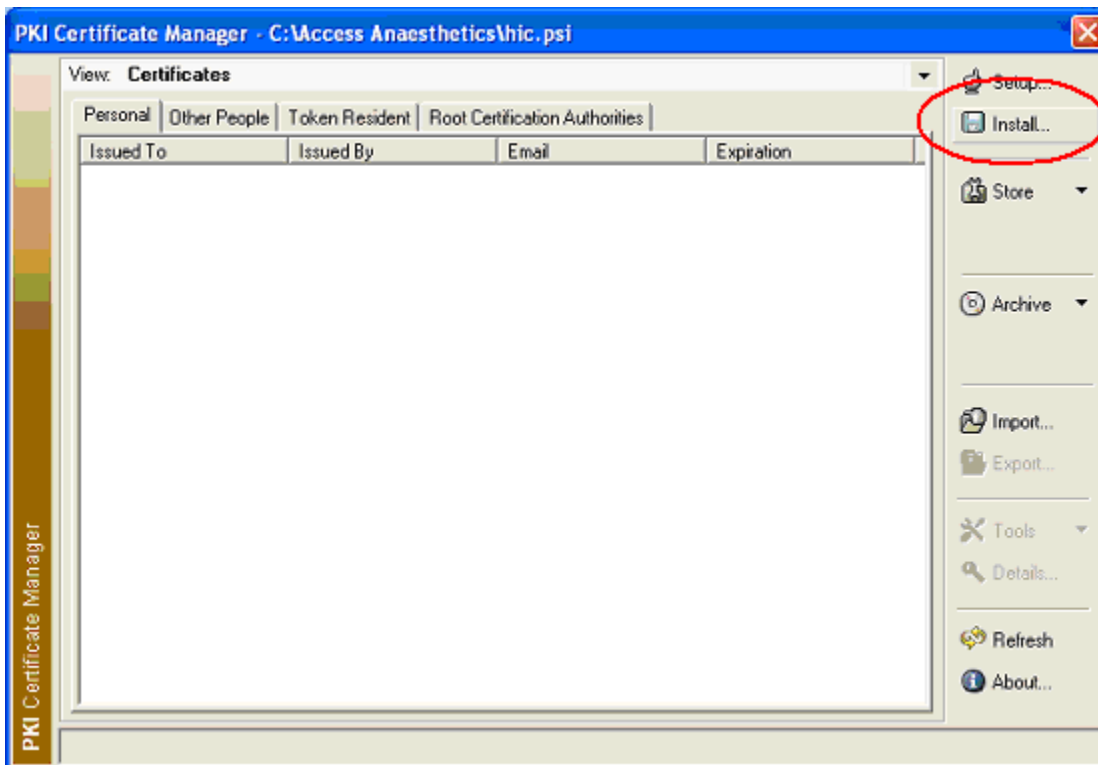
Click <Next>

Enter a password for the certificate store. You need to make this up and keep a record of it in a safe place. This is not the password provided by Medicare. For simplicity, we suggest using your Location Certificate ID that you obtained from us, e.g. HBS00000. (You will also need to enter it into Access Anaesthetics when you set up Eclipse. After that you should not need to use it again, unless you need to reinstall your certificate.)



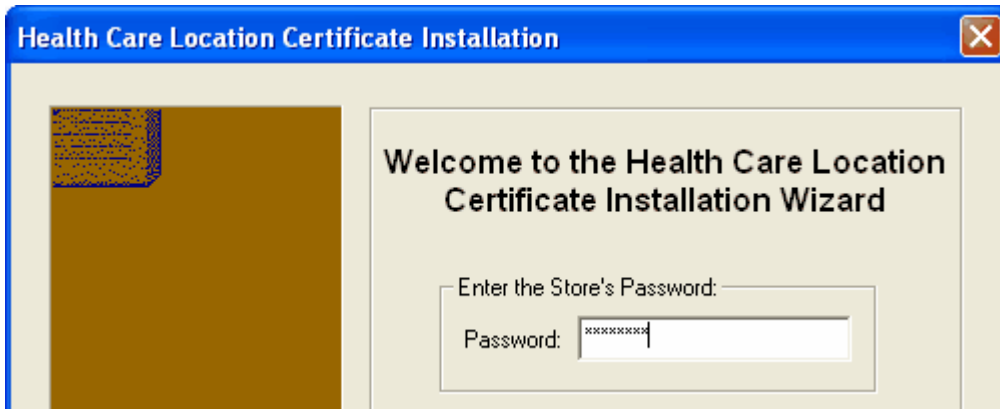
Click <Finish>.

The empty certificate store will open as shown.

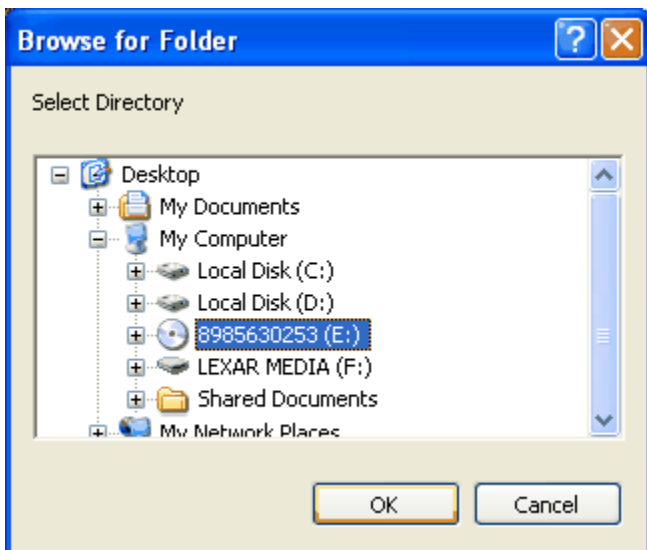


Insert your Medicare Location Certificate CD in the drive and click the <Install> button on the top right of the certificate store.

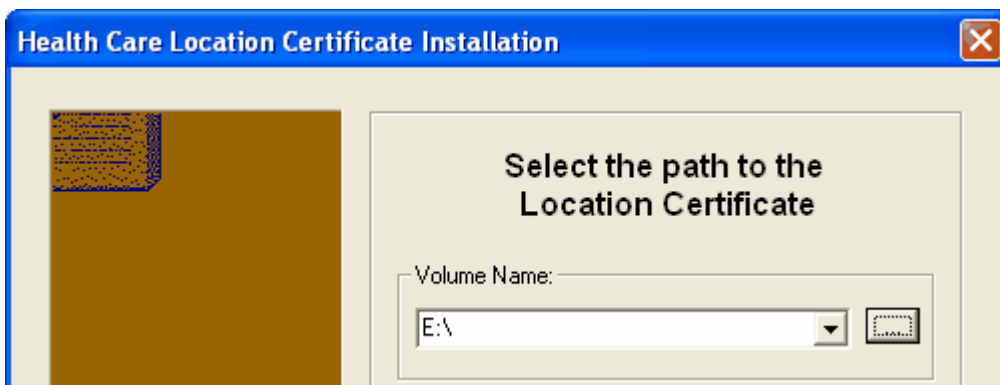
Enter the password for the store. This is the password you created above.



Browse for the location of the Medicare Location Certificate CD. It will appear as a series of numbers. Select the CD and click <OK>.

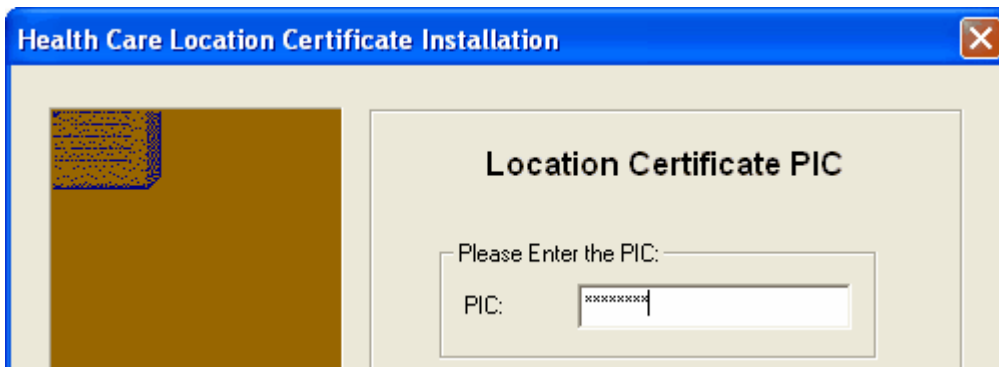


The drive will appear in the window. Click <Next>

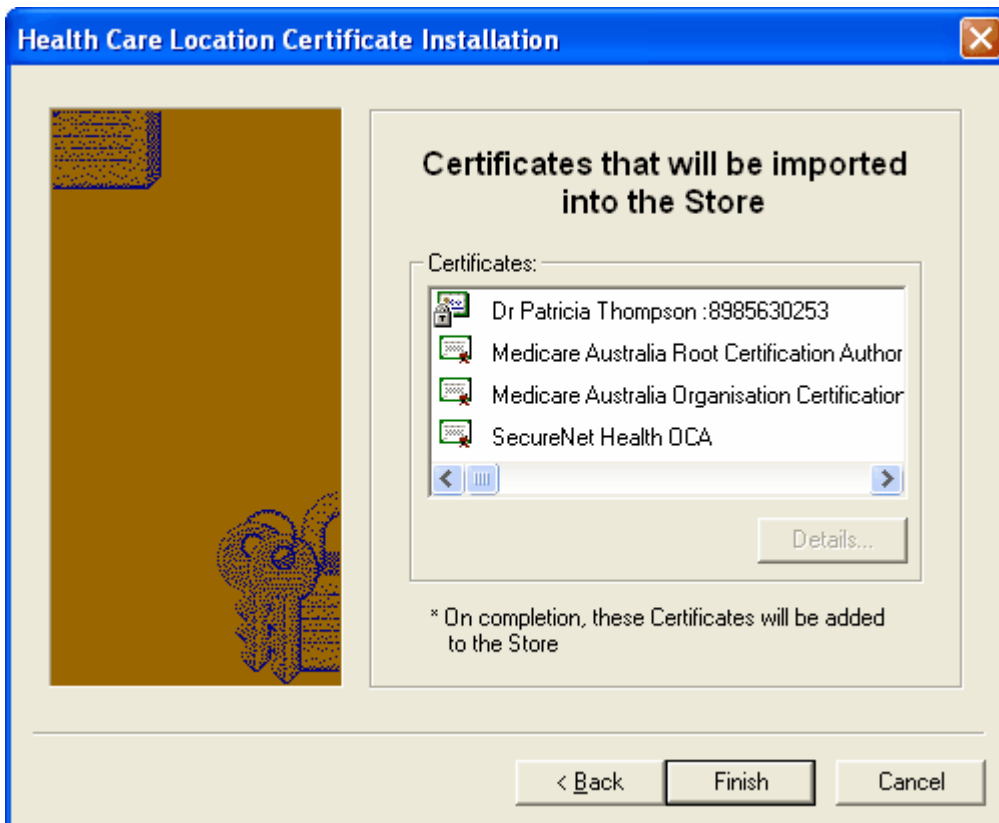


Enter the password for the Location Certificate. This is the password provided by Medicare which you would have received in a letter separate to your CD.





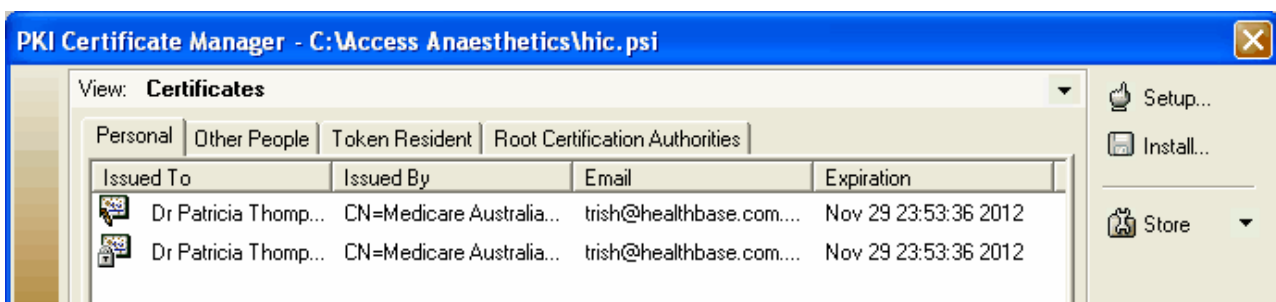
A list of certificates will appear. Click the <Finish> button.



The certificates will be imported and should appear something like the window shown below.

If you have an individual certificate on an iKey or SmartCard, install that now using the instructions provided by Medicare.

Finally, close the certificate store.



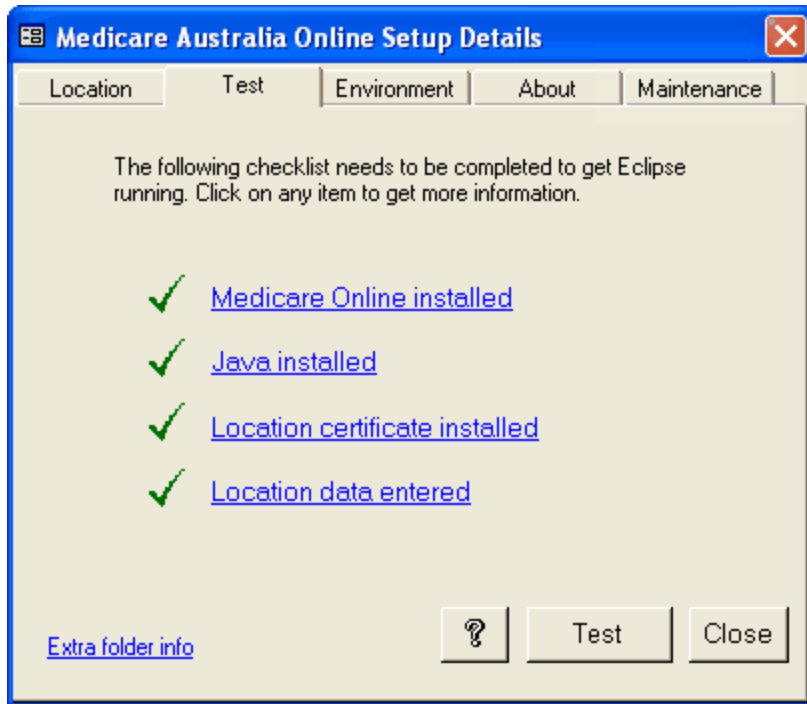
If you have any problems, review the documentation on the Location Certificate CD.

## 2.5 Setting up Access Anaesthetics

To set up Access Anaesthetics for use with Eclipse, proceed as follows ...

Click <Eclipse Menu>. The Test page should come up automatically. If not, click the <Setup> button, then the Test page.

There are 4 items which need to be completed successfully for Eclipse to work correctly. Click on any item for more information.



The last item, 'Location data entered' refers to the following details which need to be entered on the Location page of this form.

Enter the following details ...

- Location ID. This is an 8 character code supplied by Healthbase, starting with HBS followed by a 5 digit number. Medicare sometimes refers to this as the Minor Customer ID. If you don't already have this, contact us.
- Practice location - name and address (appears on printed documents).
- Contact details for person who Medicare can contact regarding the claim transmitted (optional default - can be changed when creating IMC claims).
- Folder containing the certificate store which contains the Location certificate. Usually same folder as the data files, i.e. C:\Access Anaesthetics, or for groups, \\server\AADataFiles. This is a folder name, not a file name.
- Password for the certificate store (not the Location certificate password from Medicare, but the password you created when you installed the location certificate). If you have not yet installed the Location Certificate, leave this blank.

You don't need to enter anything on the Environment or About tabs. The Maintenance tab includes functions for general Eclipse housekeeping tasks.

Return to the Test page. If all 4 items in the checklist are ticked, click the <Test> button. You should receive a prompt that Eclipse is functional and which gives the expiry date of your Location Certificate.

## 2.6 Troubleshooting Eclipse Setup

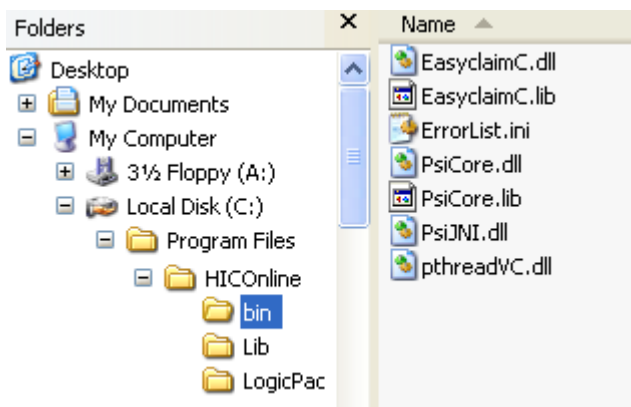
If you cannot get Eclipse working, first check these details.

### Eclipse setup files

Have you installed the EclipseSetup.exe file from the Healthbase website? This must be done on each computer using Eclipse. Click here [\[ 2 \]](#) for more information.

If so, you should have these folders and files on your local C drive.

There are a number of environment variables which should have been set up by this installation process. Click here [\[ 10 \]](#) to find out how to check these.



### Location Certificate folder

- Your PSI store (containing the Location Certificate) **must** be named hic.psi.
- The best place to put your PSI store is the same folder as your Access Anaesthetics data file; usually C:\Access Anaesthetics for single users, or groups operating from one PC.
- For networked computers, the file should be in a folder that all PCs can access. Again the best location is the folder containing the data files, e.g. \\ServerFolder\AADataFiles.
- The default installation folder for the PSI store is usually a subfolder such as \Documents and Settings \Administrator. Since this folder varies from one computer to the next, and one user to the next, we recommend you change this to the Access Anaesthetics folder so that it is easier to find. (For a single user however, it will still work in the default location.)

### Location Certificate setup in Access Anaesthetics

- The folder containing the PSI store must be specified correctly in the Eclipse setup window in Access Anaesthetics. In AA, click Eclipse Menu > Setup. Check that the 'Site certificate folder' is the same as where the hic.psi file is located.
- Check that the password in AA is the same as that used to create the PSI store. This is the password that you created, not the Location Certificate password supplied to you by Medicare.
- Ensure you have entered your Location ID (Minor customer ID). This is supplied by Healthbase, and is of the format HBS00000, where 00000 is a five digit number.

### Java

If you get any messages which appear to relate to Java, you either may not have Java on your computer, or may have an incompatible version. Click here [\[ 3 \]](#) for further details.

### Miscellaneous

- Don't create a new PSI store by overwriting an existing store. This will corrupt the store and render it unusable. Always create a new store, and delete any existing store first if required.
- If everything appears fine but the buttons on the Eclipse menu are disabled, close and reopen Access Anaesthetics and try again.

### View the Eclipse log

Click Eclipse Menu > View Log to obtain detailed information about the status of the claim building and transmission procedures.

## 2.7 Environment Variables

Eclipse requires some environment variables to be set in order to work correctly. These are installed automatically when you install the Eclipse Online Claiming files [\[ 2 \]](#).

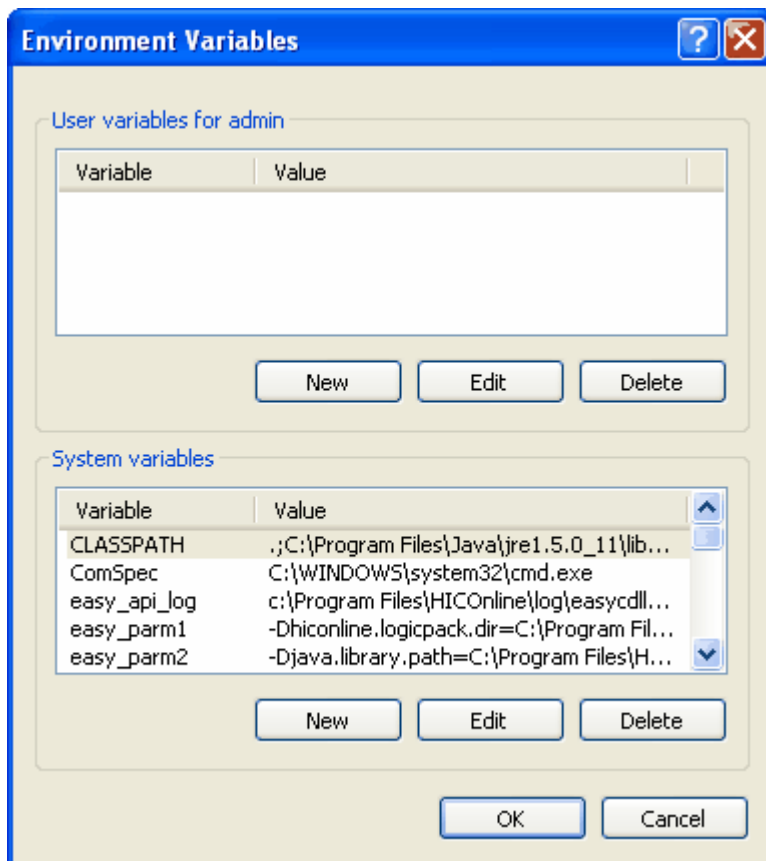
Click Start >  
 Control Panel >  
 System >  
 Advanced >  
 Environment Variables.

Scroll down the list to see that the variables listed below exist.

There should also be a Path variable which includes the path to your Access Anaesthetics folder, usually C:\Access Anaesthetics.

The variables may be in any order and may not be numbered exactly as shown below. The easy\_parm3 and easyparm\_4 variables are optional. Additional variables may be required if using a proxy server to access the internet.

If using Windows 95/98/Me, the variables need to be set in the autoexec.bat file. Contact Healthbase for details.

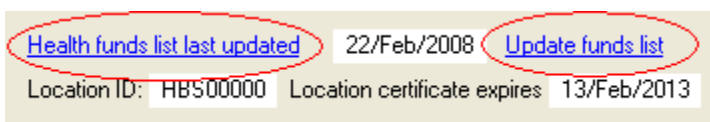


Variable	Value
HICOL_LIB_PATH	C:\Program Files\HICOnline\Lib\
easy_api_log	C:\Program Files\HICOnline\log\easy_cDLL.log
easy_parm1	-Dhiconline.logicpack.dir=C:\Program Files\HICOnline\LogicPack
easy_parm2	-Djava.library.path=C:\Program Files\HICOnline\Bin;
easy_parm3	-Dhiconline.protocol.cryptostore.retry.attempts=5
easy_parm4	-Dhiconline.protocol.cryptostore.retry.sleep=300
Path	includes Access Anaesthetics folder, usually C:\Access Anaesthetics

## 2.8 Initial Online Procedures

### Retrieve the health funds list

We recommend you first retrieve the list of participating health funds since you will need these to transmit claims. Click the <Update funds list> button on the Eclipse Menu. The retrieval process should take only a minute or two, although it has taken up to 10 minutes on occasions. If this completes successfully, you should see a list of participating health funds in the progress window.



Click the <Health funds list last updated> link to see the complete details. You can also view this data on the Funds page of any account (Eclipse Code drop down list, or click the <View fund info> button). See participating health funds<sup>42</sup> for more details.

### Revise the health fund Eclipse codes

You should revise the Eclipse Codes<sup>12</sup> that have been added to the health funds in your addresses list. These determine which code will be used when you select a fund in the list. This is essential for correct claiming.

### Run a patient verification check

Next, run the patient verification procedure <sup>18</sup> on the Patient or Fund tab of any existing account which includes a Medicare and/or health fund membership number. You may need to reinsert the health fund name if the Eclipse code is currently blank.

**Create your first online claim**

Now that Eclipse is set up and working correctly, create your first online claim <sup>14</sup>.

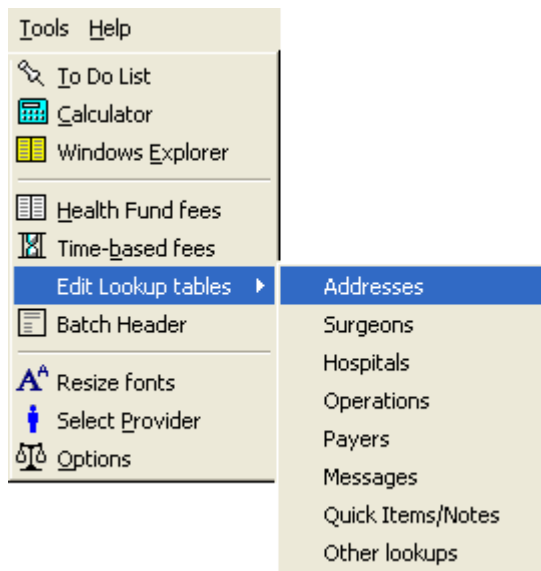
**2.9 Eclipse Codes**

When Access Anaesthetics version 4.7 or later is first opened, it will make some necessary changes to the data file. Part of this includes adding the Eclipse health fund codes to existing stored addresses. If a health fund can be identified by information in the addresses table, then the matching Eclipse code will be inserted. If an address cannot be matched to a fund, no Eclipse code will be entered.

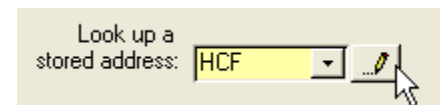
We recommend that you go through your addresses list, checking the Eclipse codes that have been added, and adding any others that have been missed out. To do this proceed as follows.

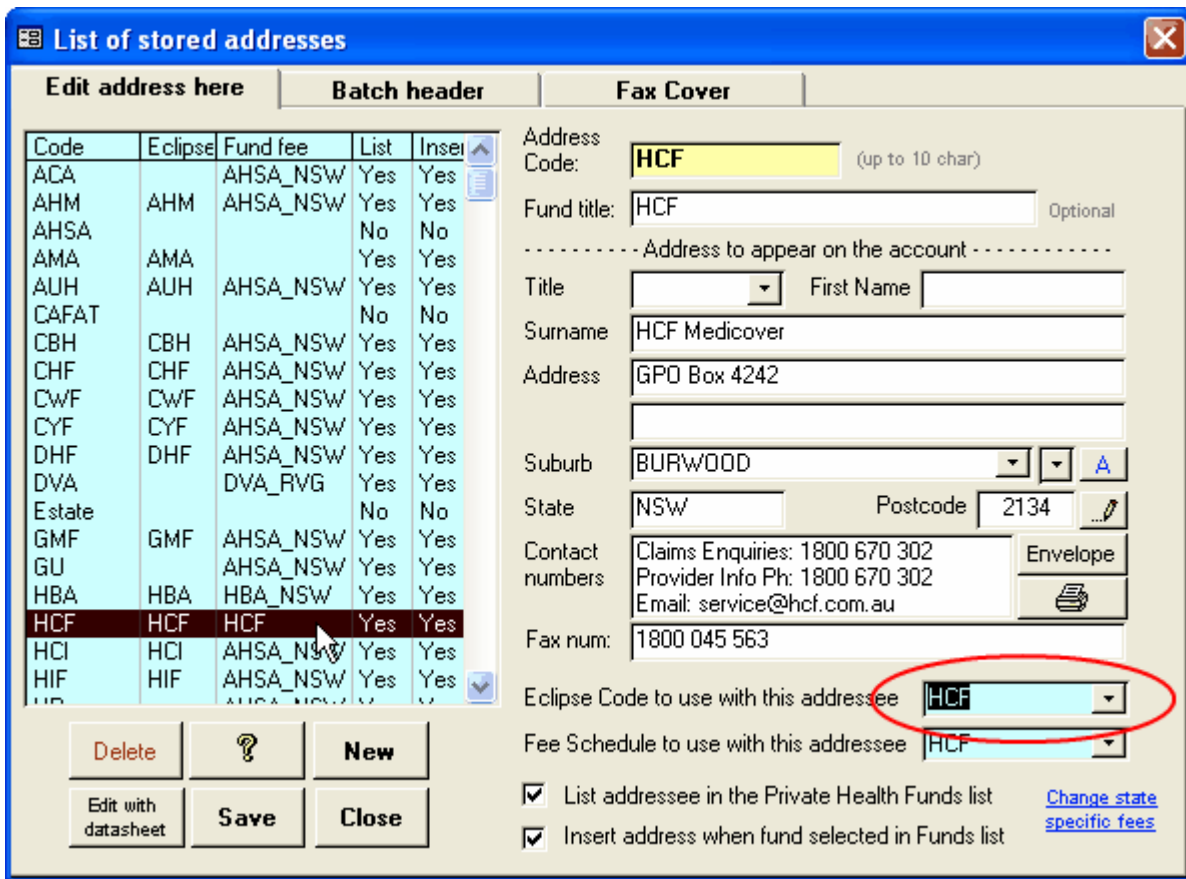
Click Tools > Edit Lookup tables > Addresses.

The editing window shown below will open. Select each fund or address and check the Eclipse code that has been assigned. If it is not appropriate, or has not been entered, select the correct code from the lookup list on the bottom right. Note that not all funds will have matching Eclipse codes.



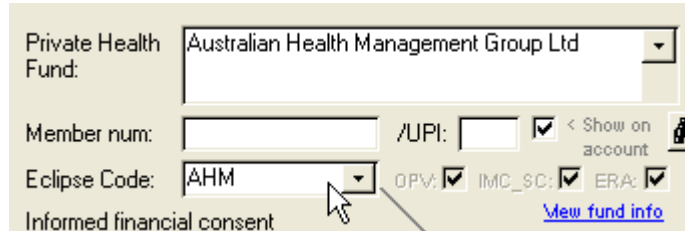
You can also do this from the Fund page of any account by clicking the editing button to the right of the address lookup list.





When a health fund is selected on the Fund page during data entry, the matching Eclipse code will be inserted automatically. Although it is unlikely to be necessary, the Eclipse code can also be manually selected from the list.

The fund's basic Eclipse capabilities are shown in the check boxes. Click the <View fund info> button for further details.



### 3 Creating a claim

Eclipse claims are initially created in the same way as a standard account. After entering patient and procedure data as usual, go to the Eclipse tab. This is where all claims for the account will be created and recorded.

Click the button matching the claim type you wish to make - this will usually be Inpatient Medical Claim (IMC). A dialog box (wizard) will open that will guide you through the rest of the claim creation process.

Claim creation wizard <sup>14</sup>

Claim types <sup>16</sup>

Patient Verification <sup>18</sup>

Bulk Bill claims <sup>20</sup>

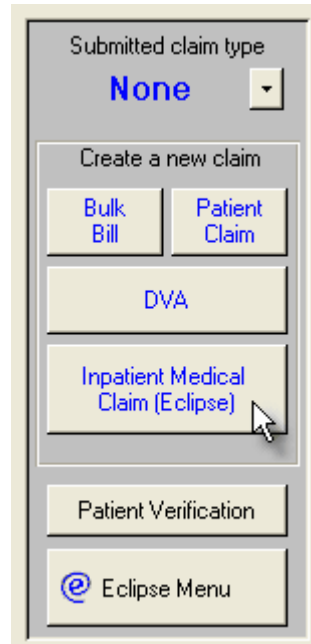
Patient Claims <sup>22</sup>

Inpatient Medical Claims <sup>24</sup>

Veterans' Affairs <sup>27</sup>

Eclipse page details <sup>27</sup>

Data entry issues <sup>29</sup>



After the claim is created, details of the claim will be stored in the patient's account on the Eclipse page <sup>27</sup>. This page can then be used to keep track of the status of the claim. Additionally, the Eclipse Menu <sup>35</sup> provides options to review the status of all outstanding claims together. Once claims are processed, you will be able to retrieve processing and payment reports <sup>32</sup>.

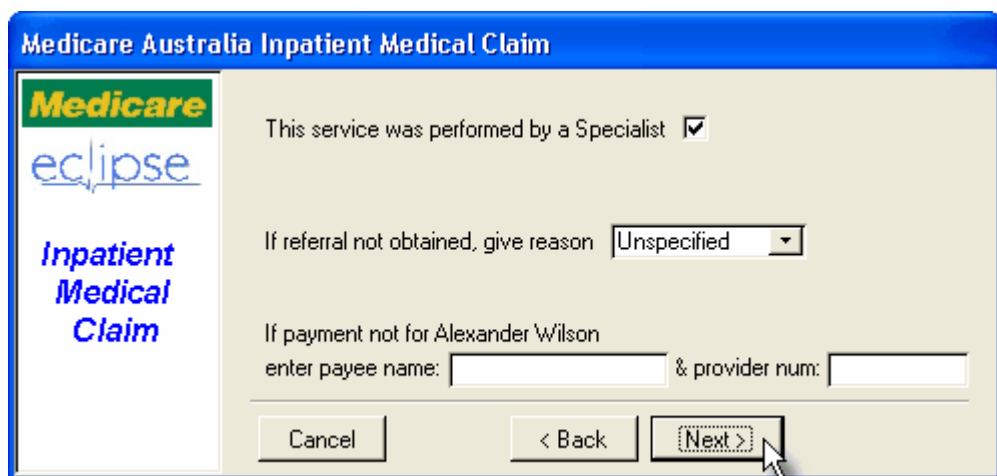
#### 3.1 Claim creation dialog

After you click the required button on the Eclipse tab (Bulk Bill, IMC etc) a multipage dialog (wizard) will open to guide you through the rest of the claim process.

The pages in the wizard will be different according to the claim type you have selected. These will allow you to enter additional information if needed.

Usually the defaults will be acceptable and you can just click the Next button until you complete the process.

See the specific claim type <sup>16</sup> for details on what

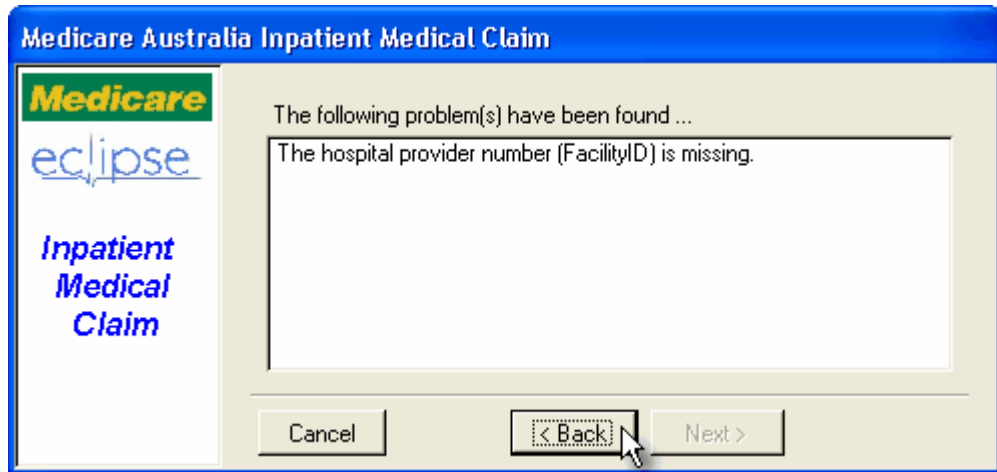




extra data is required.

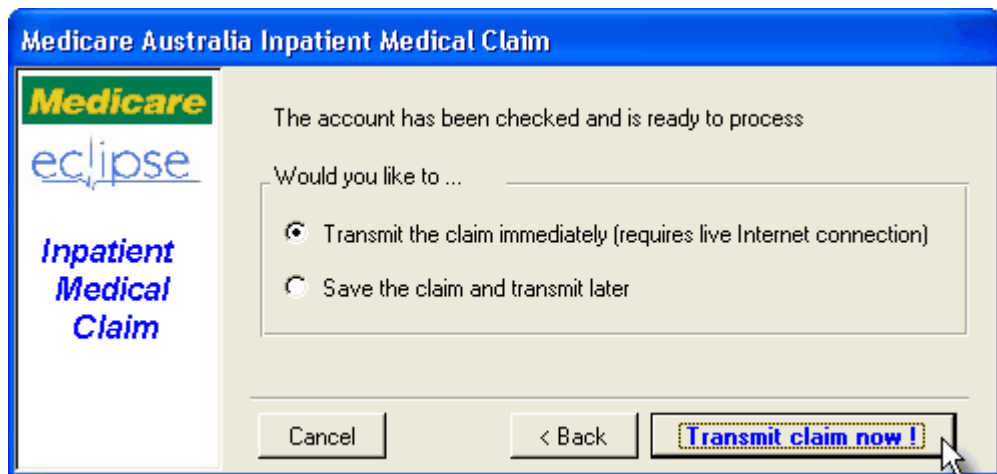
Access Anaesthetics goes through an extensive data checking procedure and will list any problems that need to be corrected prior to submitting the claim.

If errors are found, you may click the Back button to correct them, or click Cancel to edit the original data before recreating the claim.



If there are no errors, you are ready to submit the claim.

You have the option of submitting immediately, or storing the claim and transmitting all claims later in a batch. You can set a default for this in the Eclipse Setup [8].

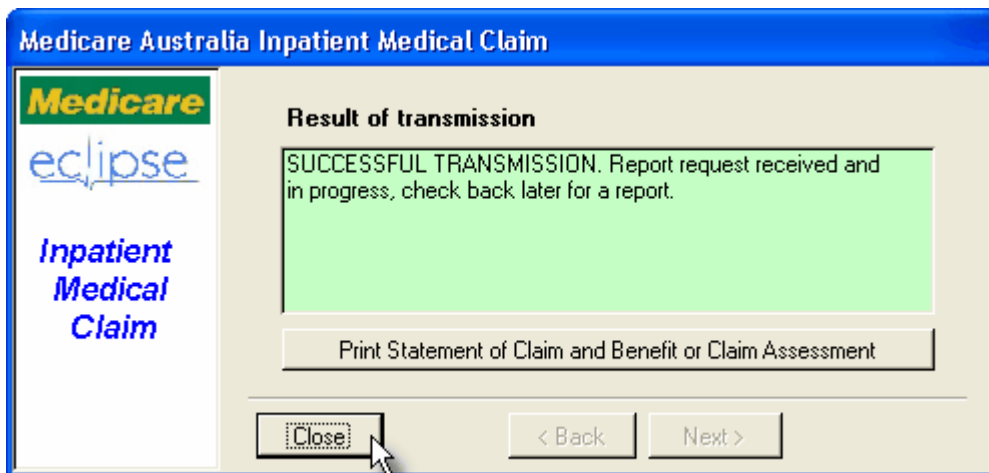


If you save the claims for sending later, you will send them from the Eclipse Menu [35]. (A stored claim can be deleted prior to transmission by clicking the <Delete stored claim> button on the Eclipse page.)

A few moments after transmitting the claim, you should receive a message indicating that the claim was transmitted successfully.

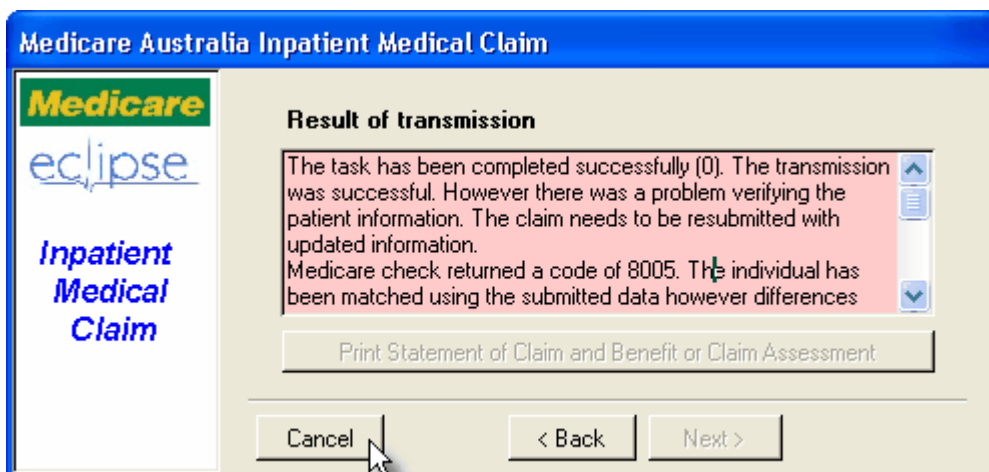
Depending on the claim type, you may print a statement, or just close the window and move on to the next account.

Depending on the type of claim, the claim status will be set to "Awaiting report" or "Complete". The claim has its own status field, since the status of the claim will not necessarily be the same as the status of the account.



If the claim was not transmitted successfully, you will be given reasons why.

The claim status will be set to 'Complete' since a new claim will need to be created if you wish to transmit corrected data.



### 3.2 Claim types

The online functions available in Access Anaesthetics include the following:

Online Patient Verification <sup>18</sup>	OPV	Real time verification of a patient's Medicare and health fund membership.
Bulk Bill claims <sup>20</sup>	BB	Claiming the Medicare rebate as full payment of an account.
Patient Claims <sup>22</sup>	PCI & PCS	Where a patient has paid the account and requests that the practice submit a claim to Medicare on their behalf. (Interactive or store/forward.)
Inpatient Medical Claims <sup>24</sup>	IMC-AG	Medicare and health fund claims where the provider has signed an agreement with the health fund.

	IMC-SC	Medicare and health fund claims using gap cover products where the provider is operating under a scheme (no signed agreement).
	IMC-PC	Where a patient has paid the account and requests that the practice submit a claim to Medicare and health funds on their behalf.
Eclipse remittance Advice <sup>[33]</sup>	ERA	Electronic payment advices for IMC claims.
Veterans' Affairs <sup>[27]</sup>	DVA	Paperless electronic claiming for Veterans' Affairs patients. ( <i>Not yet available in Access Anaesthetics.</i> )

Reports are retrieved in due course after submission of claims as described here <sup>[32]</sup>.

**Recommended Account types that Eclipse can be used for**

The following are those account conditions that best lend themselves to electronic claims. A complete list is given below (recommended types shown in blue text). Additional patient followup may be required for some electronic claims.

**Uninsured patients**

Medicare only. The patient signs a Medicare assignment form and the doctor can claim the Medicare rebate electronically (BB <sup>[20]</sup>). The patient does not pay anything, and does not have to make a Medicare claim.

Standard fee. The patient pays the full fee and the doctor sends a claim to Medicare (PCI <sup>[22]</sup>) so that the patient does not have to apply for a rebate independently. This is only practical if the patient pays the fee in person as the doctor needs to say to the patient "Would you like me to send this claim to Medicare for you?".

**Insured patients**

No gap fee. The claim is sent electronically (IMC-SC <sup>[24]</sup>). A separate co-payment account is sent in the usual way if appropriate.

Standard fee. The patient pays the full amount and the doctor sends a claim to Medicare/fund (IMC-PC <sup>[26]</sup>) so that the patient does not have to apply for rebates independently. If the patient pays the gap only, they will receive cheques made out to the Dr. This is only practical if the patient pays the fee in person as the doctor needs to say to the patient "Would you like me to send this claim to Medicare/health fund for you?". If the patient has paid the gap only, the onus is on the patient to forward the rebate cheques to the doctor. This may require additional followup. The patient must also read and agree to the Consent and Declaration <sup>[27]</sup>.

**Complete options according to fee type and insurance status**

Fee type	Acct to Patient	Eclipse pays	Notes
<b>Uninsured patients</b>			
Medicare only	Pt	No	Pt applies to Medicare for rebate which is sent to Dr.
Medicare only	Pt	Yes	Pt applies to Medicare for rebate for self.
Medicare only	No	No	BB <sup>[20]</sup> Pt signs Medicare assignment slip at time of service.
Standard fee	Pt	No	Pt applies to Medicare for rebate which is forwarded to Dr with balance owing.
Standard fee	Pt	Yes	Pt pays full amount and applies to Medicare for own rebate.
Standard fee	Pt	No	PCI <sup>[22]</sup> Rebate cheque received by Pt who must forward cheque to Dr plus balance owing.
Standard fee	Pt	Gap	PCI <sup>[22]</sup> Rebate cheque received by Pt must be forwarded to Dr. (Gap already paid.)
Standard fee	Pt	Yes	PCI <sup>[22]</sup> Pt receives Medicare rebate cheque for self.
<b>Patients with private health insurance</b>			
No gaps	Fund	No	Fund pays Dr full amount.
No gaps + co-payment	Fund +Pt	Copay	Fund pays Dr fund rebate. Separate acct forwarded to Pt for co-payment.
No gaps	Fund	No	IMC-SC* <sup>[24]</sup> Fund pays Dr full amount.
No gaps + co-	Fund	Copay	IMC- Fund pays Dr fund rebate. Separate acct forwarded to Pt for co-

payment	+Pt		SC* <sup>[24]</sup>	payment.
Standard fee	Pt	No		Pt applies to Medicare and fund. Rebate cheques received by Pt to be sent to Dr along with balance owing.
Standard fee	Pt	Yes		Pt pays Dr in full. Pt applies to Medicare and fund to obtain rebates for self.
Standard fee	Pt	No	IMC-PC <sup>[26]</sup>	Rebate cheques received by Pt who must forward cheques to Dr plus balance owing.
Standard fee	Pt	Gap	IMC-PC <sup>[26]</sup>	Rebate cheques received by Pt must be forwarded to Dr.
Standard fee	Pt	Yes	IMC-PC <sup>[26]</sup>	Patient receives Medicare/fund rebate cheques for self.

\* Or IMC-AG

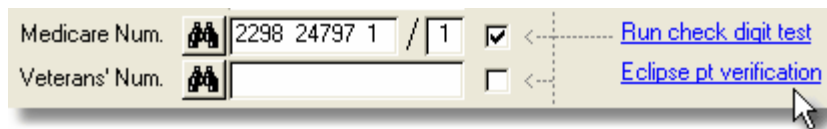
Standard fee refers to any fee other than Medicare only or health fund no-gaps fee.

### 3.2.1 Patient verification

Eclipse allows verifying a patient's Medicare and health fund membership details. It is an identity check and does not determine a patient's eligibility for rebates for a specific procedure. There are 3 types of Online Patient Verification; Medicare only verification (PVM), Health fund verification (PVF) or both (OPV).

Verification is done in a similar way to creating a claim. A set of fields is required; Medicare number, surname, first name, date of birth, fund name and number. There are also some optional field such as gender.

Click the 'Patient Verification' button either on the Patient page, the Fund page or the Eclipse page.

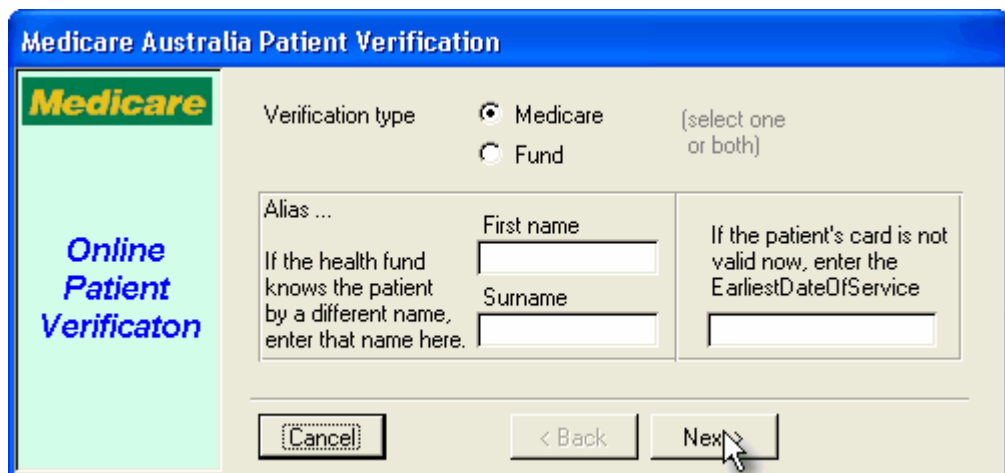


Select whether you require Medicare, Fund or both types of verification.

Complete the additional details if required - usually this will not be required.

The field Earliest Date of Service is used if the patient is no longer eligible for Medicare, but was eligible at the time of the service.

Click <Next> to continue.



If any errors are found, they will be displayed before the claim can be transmitted. Example of errors are a missing date of birth, or an invalid Medicare number.

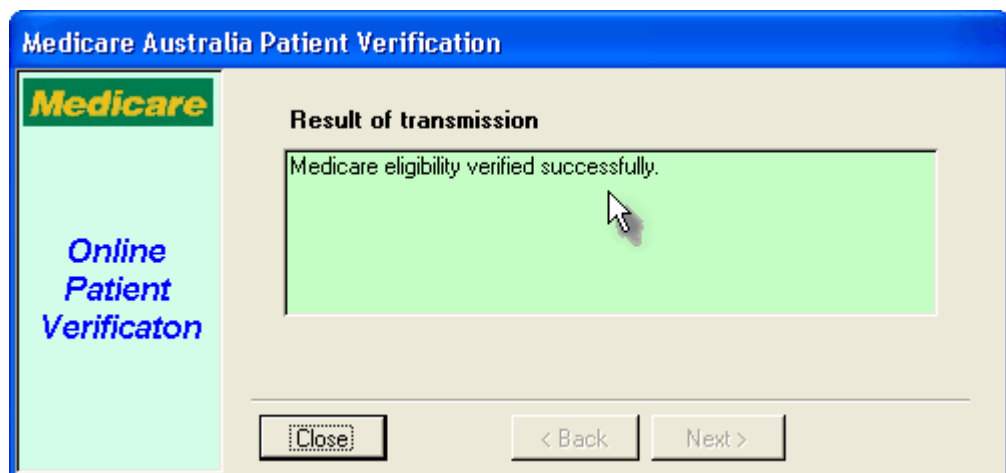
Click <Verify now!> to send the transmission.



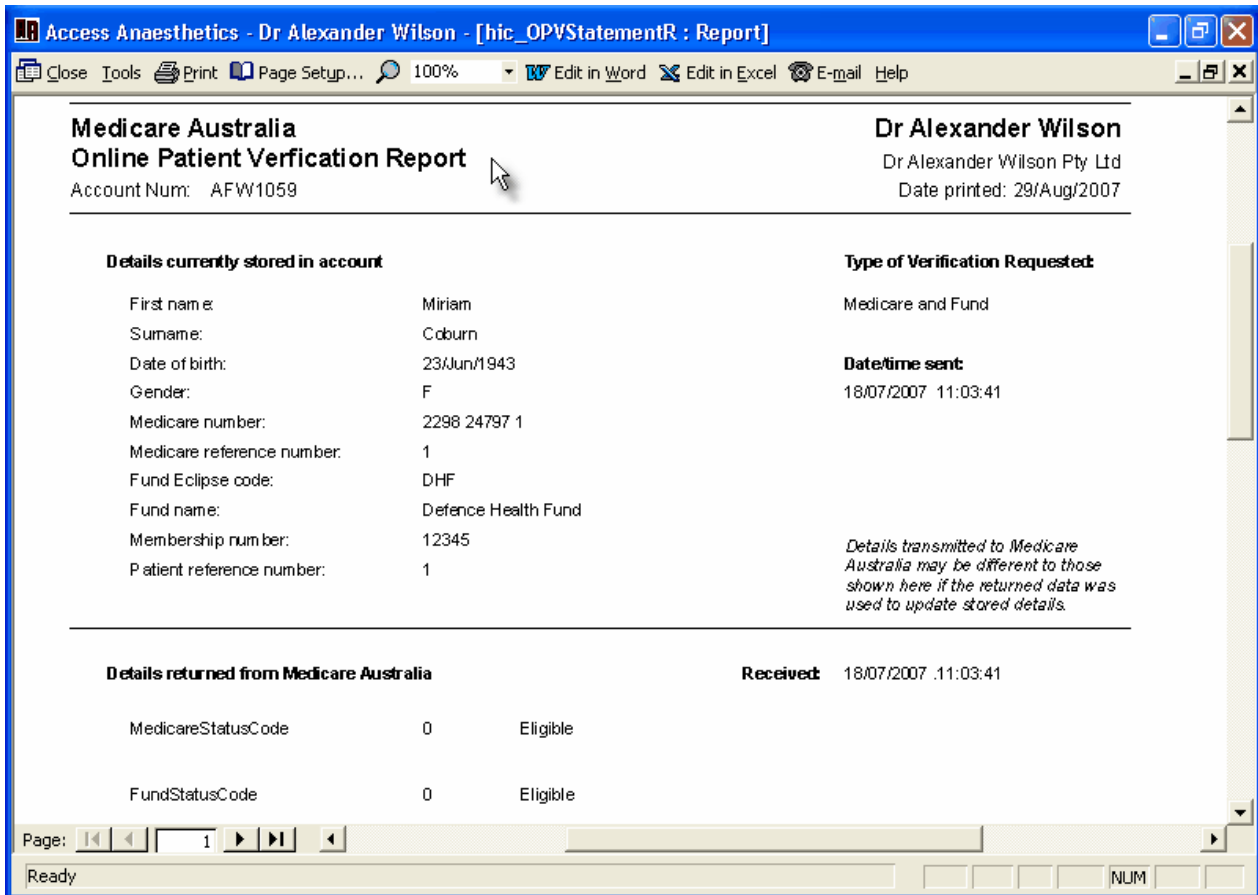
If successful, you will be notified with the familiar green screen.

If not successful, you will be given details such as a changed Medicare number or patient name.

If you have accepted the option to update the patient's details, you may like to repeat the verification process with the new details to check that these are accepted.



As usual, the details of the verification transmission are stored in the Eclipse tab of the account, and a report of the result can be printed as shown below.



### 3.2.2 Bulk bill

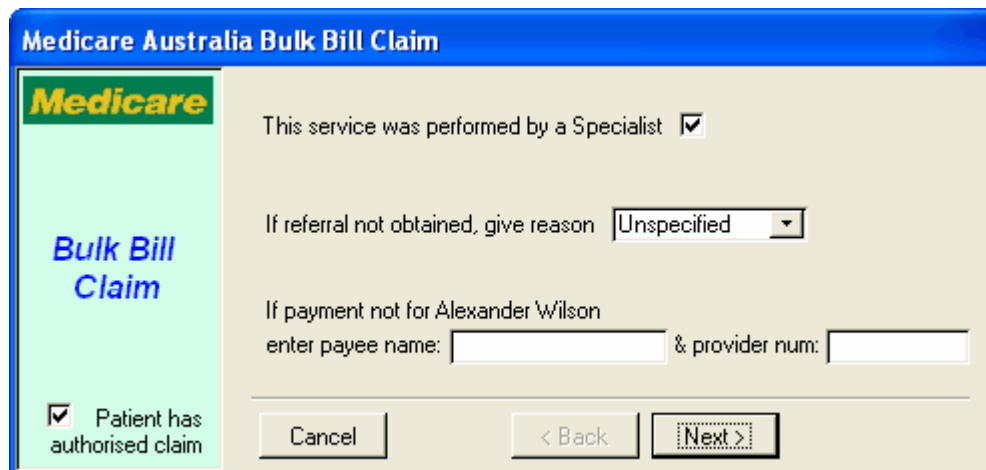
Bulk bill claims are those where the provider claims the Medicare rebate on behalf of the patient. The Medicare rebate is the total fee for the service. No additional charge can be levied to the patient. The patient must assign their right to the Medicare rebate to the provider. This is done by having the patient sign a DB4 form which can be printed from Access Anaesthetics after the claim is created. Alternatively, the patient may sign a standard Medicare assignment form at the time of the service, thereby authorising the provider to create a claim for Medicare benefits on the patient's behalf.

To create a bulk bill claim, you should first set the fee to Medicare Only on the Fee page. The Medicare only fee will be calculated as either 75% or 85% of the schedule fee.

Medicare Schedule Fee	182.00
Medicare Only (Bulk bill 75%)	136.50

Next, click the Bulk Bill button on the Eclipse page. The following screens show the various optional data fields that may or may not be completed, depending on the nature of the claim.

The Specialist checkbox is ticked by default, as is the 'Patient has authorised claim' checkbox. For an anaesthetic service, a specific referral is not usually obtained, and the referral value can be left as the default 'Unspecified'. The alternatives are 'Not required', 'In hospital', 'Emergency' and 'Lost'.



Where a specific referral is provided, this is identified by the existence of a Referral Date on the Operation page under the surgeon field. If this is included, the surgeon's (referrer's) provider number is required. These details will appear on the Eclipse dialog as shown below. You may select either Standard referral, Non-Standard or Indefinite. If you select non-standard, you will be required to enter the length of the referral in a separate field.

If the payment is to be directed to someone other than the servicing provider, their name and provider number should be entered on this screen.

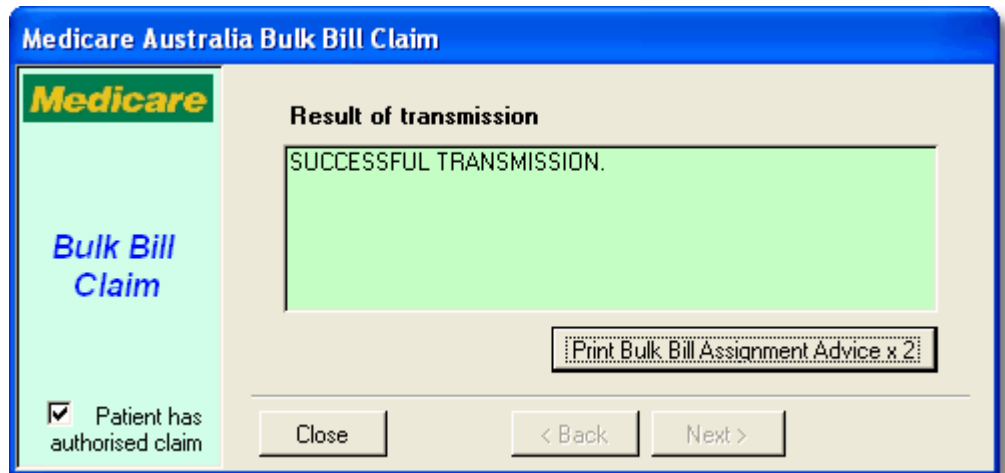
The servicing provider is the anaesthetist whose data file is being used to generate the claim. The servicing provider number is shown on the bottom of the Operation page. If this is blank, the provider number in the Options form is used.

This is all the information required for a bulk bill claim. Click <Next> to see if there are any problems in building the claim. If not, click <Transmit Claim Now!> to send the claim to Medicare. You will be presented with the following declaration which you must read and accept prior to sending the claim.

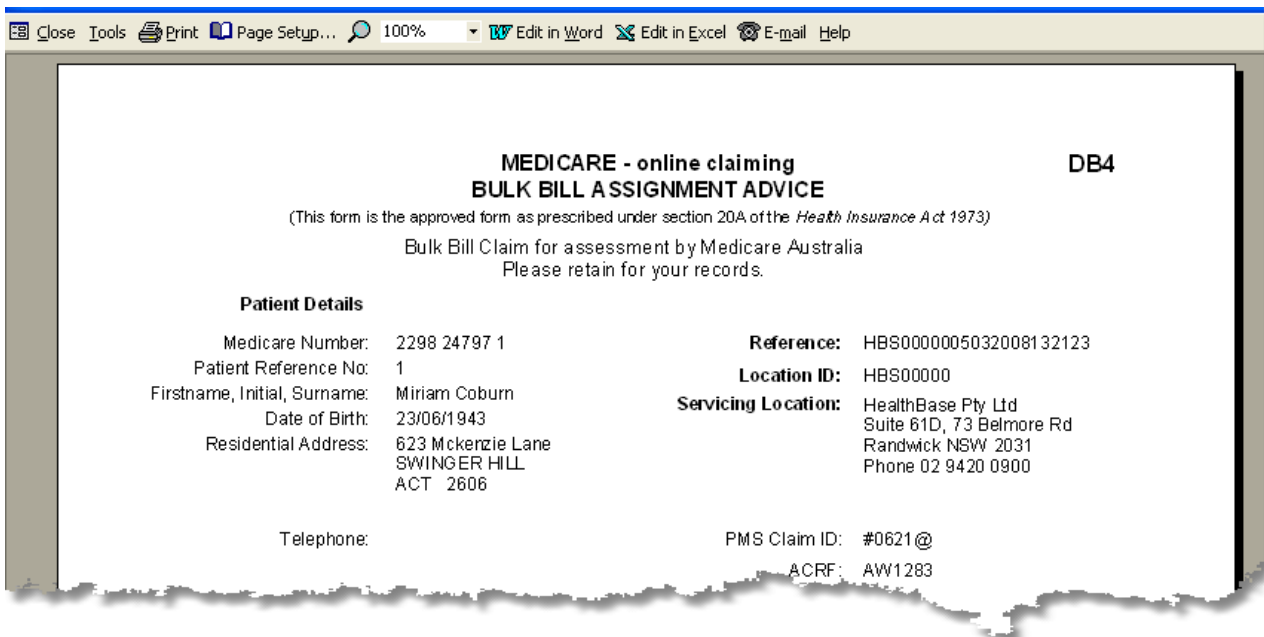
If you have an individual certificate (iKey or SmartCard) insert it now and enter your password. Otherwise just click OK.



The transmission will be sent and you should receive the following verification.



You may now print the Bulk Bill Assignment Advice form (DB4 form). Two copies are printed by default, one for the practice and one for the patient. There is provision at the bottom for the patient to sign. This form may also be printed later from the Eclipse page by pressing the <Preview Claim Statement> button. The form can be printed whether you send the transmission immediately or save it for sending later.



### 3.2.3 Patient claims

'Patient claims' refers to the process whereby a practice may send a claim to Medicare on behalf of the patient, so that the Medicare rebate will be sent to the patient. Unlike bulk billing, the patient has not assigned their right to Medicare benefits to the provider.

This may be useful where the patient has paid the account and requests that the practice submit the Medicare claim. It is still the patient's responsibility to apply for rebates from health funds if appropriate, since this process involves Medicare only and not the health funds. Normally this option would only be used if the account is fully paid.



After entering the account details, click the Patient Claim (PCI/PCS) button on the Eclipse tab to start the claim wizard.

The referral and payee details on the first page follow the same rules as for bulk bill claims [20].

Click <Next>.

**Claimant**

Normally the person claiming the rebate will be the patient. However, it is possible for a claim to be submitted by a person other than the patient. This might be done by a parent, spouse or other family member or friend. In this case, the third party becomes the 'claimant', and the payment is made to the claimant instead of the patient. The claimant must supply their name, Medicare card number and date of birth. Since this claiming method is unlikely to be used frequently, there is not a separate set of fields to enter the claimants details into Access Anaesthetics. Instead, the claimant's details are entered into the 'Send account to' address position on the right of the Fund page.

When the claim is created, the claimant's Medicare number and date of birth should be entered into the Eclipse dialog box.

If the 'Payment to claimant's address' checkbox is ticked, the payment will go to the address on the Fund page. Otherwise it will go to the address that Medicare has on file for the claimant.

Alternatively, the claimant may provide banking details for a direct deposit of the payment. If the patient is the claimant, the patient may provide banking details here.

After automatic data checking, the claim may be stored for later transmission, or sent immediately. If sent immediately, a report will be returned indicating whether the claim was accepted for payment.

If any patient details have changed (Medicare number, first name etc) you will be advised of this.

The claim may be referred to a Medicare assessor. This does not mean that the claim has been rejected, just that it needs to be assessed manually.

Interactive Patient Claims (PCI) allows real-time processing of a claim and is available during Medicare Australia operating hours. If you realise there was an error in the claim after it was sent, you can use the Same Day Delete<sup>24</sup> function to cancel the claim. Store & Forward Patient Claims (PCS), which can contain multiple claims in a single transmission, may be submitted at any time.

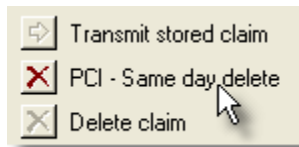
A statement should be printed for the patient's reference. Use the <Print Statement of Claim and Benefit> button on the dialog box or use the <Preview claim statement> button on the Eclipse page.

If the claim is accepted or referred to a Medicare advisor, the status of the claim is set to 'Complete'.

### 3.2.3.1 Same Day Delete

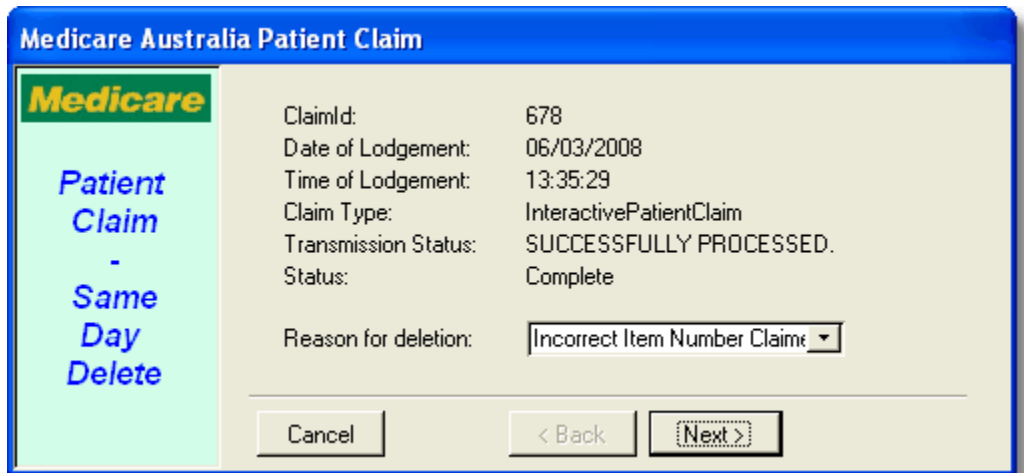
Interactive Patient Claims (PCI) are processed immediately that the transmission is sent. In the event that the provider, practice manager or secretary later discovers an error in the claim, it is possible to delete the claim. This can only be done however, on the same day that the claim was sent.

To delete a transmitted PCI claim, click the <Same day delete - PCI> button on the right of the Eclipse claim form.



This will send a transmission to Medicare to cancel the specified claim. You need to specify a reason for the deletion by selecting one of the available options.

You will receive a message indicating whether or not the claim was successfully deleted. If the claim was not successfully deleted, you will be unable to submit a new claim for the same service and will need to contact Medicare for assistance.



### 3.2.4 Inpatient Medical Claims

An Inpatient Medical Claim (IMC) is a claim for treatment which is sent to Medicare and the Health Fund simultaneously. Medicare and the funds both evaluate the claim. Payment is made by the fund to the doctor and Medicare reimburses the fund for the Medicare rebate. This is the electronic equivalent to the no-gaps or known-gaps systems currently in place with health funds. You should set the fee for the account to the Health fund fee on the Fee page. If the fund accepts patient co-payments, you may also set a copayment fee which will be sent to the patient in the usual manner. The Medicare/Fund component can be claimed electronically.

IMC claims can also be made on behalf of the patient. This means that if the patient has paid the account in full, the practice can send an electronic claim for Medicare and fund rebates that will be mailed to the patient. This means the patient does not need to claim rebates independently. See Claim types<sup>26</sup> for further details on IMC patient claims.

After entering the account details, click the Inpatient Medical Claim (IMC) button on the Eclipse tab to start the claim wizard.

The referral and payee details on the first page follow the same rules as for bulk bill claims [20].

There are several types of IMC claim. The most common type is 'Scheme' and this will appear as the default.

A description of the claim type is shown on the right of the page, and you may click the <Info> button to display details about the other types of IMC claim.

For more details on the options on this page and the different claim types, click here [26].

The final data entry screen for IMC claims allows entering an alias if the health fund knows the patient by a different name.

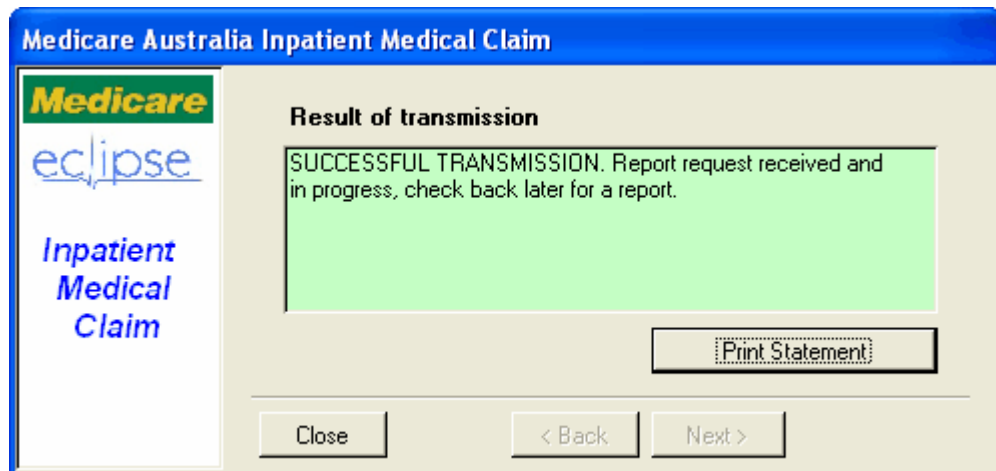
Also, the name and contact number of the person to call regarding enquiries about this claim can optionally be supplied. This would normally be

the practice manager, billing secretary or individual provider.

The claim details will be checked for errors. If any errors are found, you will be notified and should go back and correct them before creating the claim again.

Once there are no errors in creating the claim, click the <Transmit claim now!> button. If all goes well, after a few seconds you will receive confirmation that the claim has been transmitted successfully.

You may print a statement now if you like, although this is not required.



After successful transmission of an IMC claim, the status of the claim will be set to 'Awaiting report', and the status of the account will be set to 'Awaiting payment - Eclipse'. Further management of the claim is done by retrieving reports <sup>32</sup>.

### 3.2.4.1 IMC Claim Types

#### Agreement - AG

The provider has signed an Agreement with the Fund (of which the patient is a member) specified in the claim. Payment goes to the provider or Billing Agent via the Health Fund.

#### Scheme - SC

The provider is operating under a scheme with the Fund (of which the patient is a member) specified in the claim. Payment goes to the provider or Billing Agent via the Health Fund. Assumes any financial interests are disclosed to the patient.

#### Patient Claim - PC

The patient is a member of the Fund specified in the claim. If claim has been paid, payment from Medicare goes to the patient or claimant and payment from the Fund goes to the member. If the claim has not been paid, the payment from Medicare and the Fund goes to the patient, via cheque (made out to the provider), who then passes it on to the provider.

The IMC Patient Lodgement Advice and Declaration <sup>27</sup> must be shown (on-screen or printed) to the patient and the patient's verbal consent received prior to lodgement of an IMC PC claim.

#### Medicare Only - MO

Payment from Medicare goes to the specified Billing Agent. There is no Fund involvement.

#### Billing Agent - MB

Payment from both Medicare and the specified Fund goes to the specified Billing Agent.

### 3.2.4.2 Consent and Declaration

Medicare requires the following consent and Declaration form to be shown to the patient (either on screen or printed) prior to making an electronic patient claim. This will appear in Access Anaesthetics during the claim creation process.

**IMC Patient Claim - Consent and Declaration** ✕

I have paid for, or am liable to pay for, OR the patient has paid for or is liable to pay for, the expenses for these services which are not excluded under the Health Insurance Act 1973 (ie. not for the purpose of life insurance, superannuation or provident account schemes, admission to a friendly society, health screening, mass immunisation or connected with employment).

To the best of my knowledge and belief all the information in this Claim is true and all information disclosed by me to the Medical Practice in the lodging of this Claim is true and accurate.

I authorise or have the patient's consent to authorise this Medical Practice to electronically transmit this Claim for Medicare Benefits (including banking details) to Medicare Australia and for Medicare Australia to on forward the Claim details to the nominated Health Fund on my behalf or the patient's behalf.

I also authorise or have the patient's consent to authorise the Medicare Australia or the Health Fund to contact the referring practitioner or the provider of the services if clarification of details for this account and/or receipt is required for assessment or auditing purposes.



For this Claim, I consent to or have the patient's consent to this Medical Practice sending to and /or receiving from Medicare Australia and/or the nominated Health Fund, the following information for the purpose of verification and /or processing this Claim:

- patient's Medicare enrolment information (including Medicare number, issue number and individual reference number) and
- patient's first name, family name and date of birth,
- patient's Health Fund information including the patient's membership number or membership card number.

If Medicare pays a total benefit of zero for each service within this Claim, the whole claim will not be forwarded to the nominated Health Fund.

I acknowledge that it is a serious criminal offence to give Medicare Australia false or misleading information in relation to a Medicare claim.

Privacy Note: The information provided will be used to assess any Medicare benefits payable for the services rendered and to facilitate the proper administration of government health programs. Its collection is authorised by provisions of the Health Insurance Act 1973 and the National Health Act 1953 . The information may be disclosed to the Department of Health and Ageing, Department of Human Services or to a person in the medical practice associated with this claim, or to the Health Fund associated with this claim or as authorised/required by law. Information about medical expense totals may also be disclosed to other authorised family members for taxation statement purposes and the monitoring of family safety net entitlements. Patient name and address details may be disclosed to financial institutions when the claim is paid.

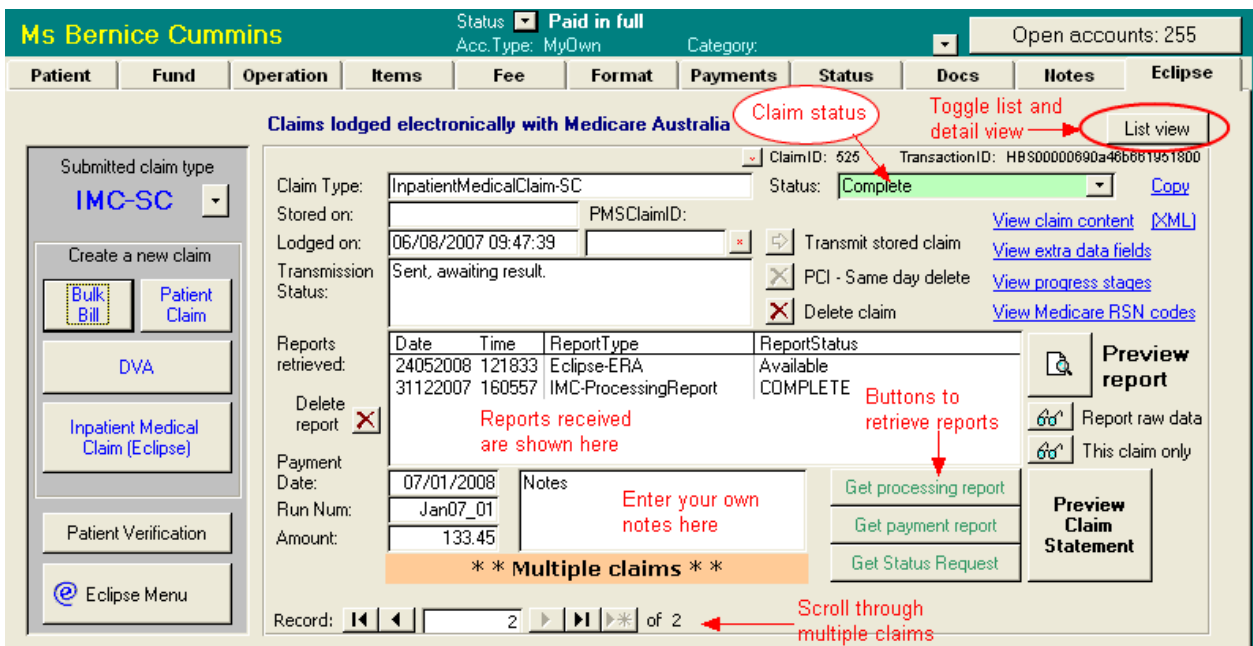

  


### 3.2.5 Veterans' Affairs

Medicare Australia has created a system of paperless electronic DVA claiming. However, when this user guide was written (September 2008), the DVA procedures had not yet been built into Access Anaesthetics. We expect to do this is due course.

## 3.3 Eclipse page details

The Eclipse tab contains details on all the claims sent from to the current account. There may be multiple claims since even a patient verification process will create a claim record. Where there are multiple claims, you may scroll through them using the arrow buttons at the bottom left of the screen. Alternatively, you can view the claims in a list by clicking the <List view> button on the top right. Most data on this page cannot be edited directly.



**ID Fields**

The ClaimID is a field used by Access Anaesthetics to identify each claim. A button is provided to search by this ID field.

All claims have unique identifier (TransactionID) which is created by the Eclipse system and which is used to track the claim within the transmissions sent to and received from Medicare Australia.

The PMSClaimID is an additional unique identifier for bulk bill claims. A button next to the field allow searching for a specific PMSClaimID.

The <Copy> button on the top right will copy all relevant identification information to the clipboard so it can be pasted into an email or document for troubleshooting purposes.

**Claim type**

This is set by the system when a claim is created. Possible values are BulkBill (BB), DVAClaim (DVA), InteractivePatientClaim (PCI), SameDayDeleteRequest (SDD), PatientClaimStoreForward (PCS), InpatientMedicalClaim (IMC-AG/SC/MO/MB/PC), OnlinePatientVerification (OPV). It is assumed that only one claim type will be sent per account (excluding patient verifications). When a claim is created, the claim type will be displayed in the 'Submitted claim type' field on the top left. This field is shown in the List of Accounts in the 'Eclipse' column. More on claim types ...<sup>[16]</sup>

**Dates**

If a claim is stored prior to transmission, a date will be shown in the 'Stored on' field. When the claim is sent electronically, its lodgement date and time will be recorded. The date and time that any report is received is recorded. This is used to identify the report.

**Stored claims**

Claims may be stored prior to transmission. Stored claims may be transmitted using the <Transmit stored claim> button near the middle of the screen. More commonly, stored claims will be sent in a batch from the Eclipse Menu<sup>[35]</sup>. Claims that are transmitted without first being stored are automatically stored before transmission so that the details are retained if there are any transmission problems.

**Retrieving Reports**

Reports may be retrieved by clicking one of the 3 green report buttons. A processing report will provide details on whether the claim has been accepted for full payment, part payment or rejected. A payment report will show details of payments made. A status request will identify where the claim exists in the overall processing procedure. A list of the different stages is shown under the <View progress stages> button. Reports are available for retrieval for a period of 6 months after they were created. Rather than use these buttons, a more efficient report retrieval process is provided in the Eclipse Menu<sup>[35]</sup>, where reports from multiple claims can be retrieved together.

**Viewing Reports**

When reports are received from Medicare Australia, they are displayed in the reports list. For most reports a formatted printout can be viewed using the <Preview report> button. The raw data for any report can also be



viewed using the <Report raw data button>. Since some reports may contain data for multiple claims, an additional button allows viewing raw data which applies to the current claim only. The <Preview claim statement> button is intended mainly for bulk bill and patient claim claims. This will print a report formatted according to the specific requirements of Medicare. It is not likely to be used for standard IMC Medicare + Fund Eclipse claims.

Click here for full details on reports 

### Deleting claims and reports

Although claims may be deleted, we don't recommend this once a claim has been transmitted. Deleting the claim does not cancel it in the Online system, rather the claim is still recorded as active by Medicare and the health fund. Claims should only be deleted if they have been generated in error, and if the Medicare/fund processing has been completed (canceled/failed etc). A claim can only be deleted if there is not payment report. To delete such a claim, you must first delete the payment report independently. By contrast, deleting a claim will automatically delete any matching patient verification, status request or processing reports.

PCI claims. There is a special function for cancelling a transmitted PCI claim (Interactive Patient Claims). This is referred to as SDD or 'same day delete'. This function will send a transmission to Medicare to indicate that the transmitted claim should be canceled. These can only be deleted on the same day as they are transmitted. This cancels the transmitted claim, and inserts a record of the cancellation in the database.

Payment reports. Bulk Bill and ERA payment reports may be deleted, although we don't recommend this. Deleting the payment report will also delete the associated payments, including all components of batch payments (unless they are spread across multiple doctors). An additional prompt is provided before the payment is deleted, in case you need to retain the payment details after deleting the payment report. We anticipate this would only be necessary where a payment report had been duplicated. A claim cannot be deleted if a payment report exists; the payment report must be delete first.

Other reports. Patient verification claims (OPV) and reports may be deleted at any time since there is no real benefit to retaining this information. Status Request reports may similarly be deleted at any time, especially once a processing report has been received. Status Request reports may be deleted as a group by going to the Eclipse Menu > Setup > Maintenance.

### Miscellaneous

<View claim content>. Allows viewing the content of the data that is being sent to Medicare for a particular claim. The data that is actually sent is encrypted and cannot be viewed in a readable format.

<(XML)>. Allows viewing the content of the data that is being sent to Medicare for a particular claim. The data is shown in XML format in a browser window. The data that is actually sent is encrypted and cannot be viewed in a readable format.

<View extra data fields>. Shows the data that is entered during the claim creation stage which is saved in a separate table and is only required for electronic claims. Some of this data may be edited, although this is not recommended.


<View progress stages>. Show the various stages that a claim will pass through from sending to completion.

<View Medicare reason codes>. Shows a list of Medicare reason codes and their meaning. These code will be returned with reports from Medicare when required. An additional set of return codes are used for Eclipse transactions. These can be viewed from the Eclipse Menu by clicking <View log>, then <Ret Codes>. These are for reference only - the explanation is always displayed alongside the code when printed on a report.

## 3.4 Data entry issues

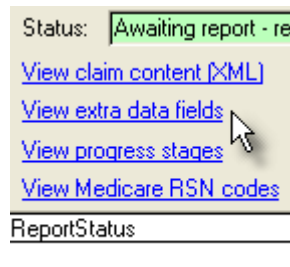
### Additional Claim Data

Most of the data required for an online claim is entered into Access Anaesthetics in the normal process of entering the details of an account.

Any additional data that is required for electronic claims which is not required for manual accounts is usually entered into the appropriate dialog box during the claim creation process. For example, an IMC claim  may require details of a referral, a payee provider, claimant, patient alias, and so on. Additional data is stored when the claim is transmitted, and includes the Transmission ID, time the claim was sent, transmission and overall claim status, and so on.

All this additional data is stored separately and is not normally displayed in a standard account record. Some of this data is shown on the Eclipse tab for each claim.

The rest of the data can be viewed by clicking the <View extra data fields> button on the Eclipse tab for any specific claim. Although this extra data can be edited, this is not recommended if it involves a submitted claim. There is no need to view this data in the normal use of the system.



**Patient's first name**

Although the first name field can accept multiple names, only the first of these is included in the transmission. Medicare uses only the first name for identification purposes, not the middle name or initials. Consequently transmitting two first names will cause a rejection. The exception is when a patient is known by a double first name e.g. Sue Ellen.

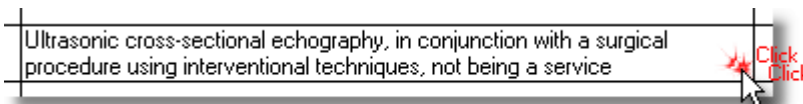
Where there are two first names, there is an additional checkbox which allows the user to specify whether to transmit the entire field as the first name. This checkbox is not stored in memory, so it is necessary to tick the box each time you wish to transmit the complete first name. Hyphenated names are treated as a single name, e.g. Sue-Allen.



**Eclipse Service Text**

Some claims require additional specific details to be transmitted online. In particular, for diagnostic imaging services such as ultrasound, a 'self-deemed' flag may be required. These can be entered on the items page for any specific item.

To do this, double click on the lower right corner of the procedure field for the specified item, as shown.



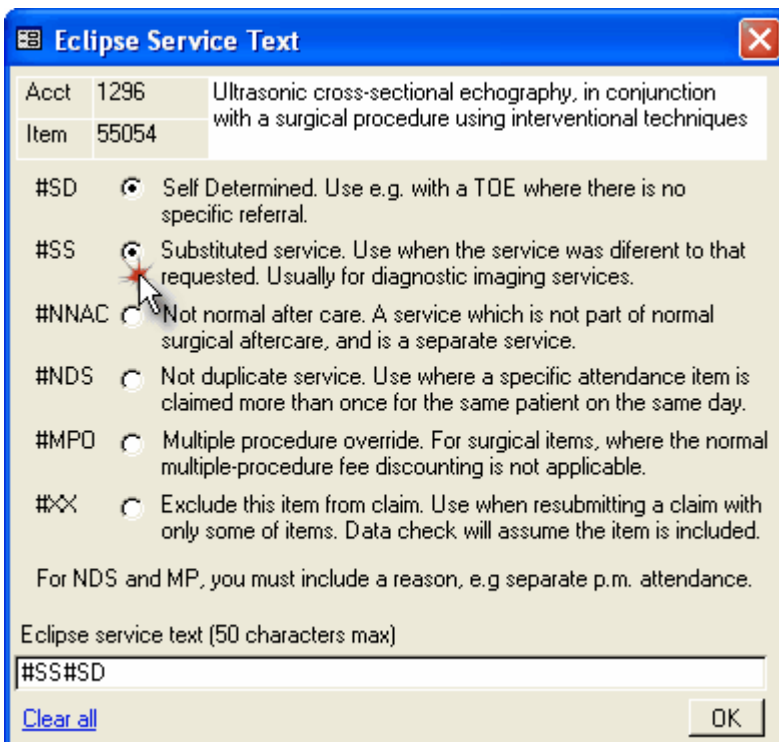
This will open the Service Text window.

Select one or more service text codes. These will be shown in the box at the bottom with a # symbol. Additional text can be added here if required, to a maximum of 50 characters.

Service text can be added to any of the items in the list.

Service text will appear on printed accounts, and on specific Medicare reports such as Bulk Bill assignment advice forms (DB4) or Patient Claim advices.

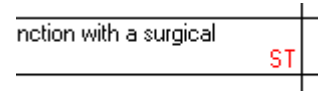
The #XX flag is used to exclude a specific item from the electronic transmission. This may be useful when resending a claim that has been partially paid. Note that the data check will treat the excluded item as if it were still part of the claim, and printed reports will show





the excluded claim normally.

The existence of service text for a particular item is indicated by an ST flag in the item description in the position where the double click function is active. Double click to view the details.



Service text can also be edited by clicking the <Edit item> button on the menu bar below the items list. In this case, you need to click <Edit item>, then click <Edit> then click <Eclipse service text>.

### Viewing the details of a claim

When a claim is transmitted, it is encrypted to make it unreadable to anyone except the authorised recipient (Medicare and/or health fund). However, it is possible to view a readable version of the transmission by clicking the <View claim content (XML)> button on the Eclipse tab for any specified claim (see image above). The data is in XML format and will be displayed in a browser window. This shows all the details actually transmitted in the claim. The layout makes the data a little difficult to read, but it gives a complete record of all details transmitted.

## 4 Retrieving reports

Once a claim has been transmitted, it may take between 2 and 10 days for it to be processed. During that time, you may click the <Get Status Request> button to retrieve the status of the claim. Once the claim is processed, you will be able to retrieve a processing and a payment report. Processing reports provide information on the status of the claim - whether it is to be paid in full, part paid, or rejected. Payment reports transmit details of actual payments and the claims that are covered in the payment. These are shown on the claim record within each account.

The screenshot displays the Eclipse software interface for a claim record. At the top, it shows 'ClaimID: 525' and 'TransactionID: HBS00000690a46b661951800'. The 'Claim Type' is 'InpatientMedicalClaim-SC' and the 'Status' is 'Complete'. Below this, there are fields for 'Stored on:', 'Lodged on:', and 'Transmission Status:'. A 'Reports retrieved:' table lists two reports: one from 22/02/2008 (Eclipse-ERA) and one from 31/12/2007 (IMC-ProcessingReport). The 'Payment' section shows a date of 07/01/2008, a run number of Jan07\_01, and an amount of 133.45. A prominent orange banner at the bottom of the interface reads '\* \* Multiple claims \* \*'. On the right side, there are several buttons: 'Preview report', 'Report raw data', 'This claim only', 'Preview Claim Statement', 'Get processing report', 'Get payment report', and 'Get Status Request'. There are also delete buttons for the claim and its components.

For most reports a formatted printout can be viewed using the large <Preview report> button. The raw data for any report can also be viewed using the <Report raw data> button. Since some reports may contain data for multiple claims, an additional button allows viewing raw data which applies to the current claim only.

Processing reports <sup>[32]</sup>  
 Payment reports <sup>[33]</sup>

Reports may be retrieved by clicking one of the 3 report buttons. Rather than use these buttons, a more efficient report retrieval process is provided on the Eclipse Menu <sup>[35]</sup>, where reports from multiple claims can be retrieved together. It is possible to retrieve reports more than once, although this is not recommended. Reports are generally available for retrieval for a period of 6 months after they were created. An overall summary of the steps in the claiming and reporting process is given here <sup>[37]</sup>.

**We recommend retrieving reports routinely from the Eclipse Menu, not from an individual account.**

### 4.1 Processing reports

A processing report provides information on the status of the claim - whether it is to be paid in full, part paid, or rejected. For bulk bill <sup>[20]</sup> claims, processing reports only exist when there is a problem with the claim or an adjustment needs to be made. For IMC claims <sup>[24]</sup>, a processing report will always be generated whether or not any adjustments are made to the claim.

Processing reports are not retrieved from Medicare automatically. Rather you must request them. To do this a 'Status request' is first sent to see whether a report is available. If the Status request finds that a report is 'Ready' a separate request is sent to retrieve the report. These 2 processes can be done manually from any individual account, or they can be done in a batch process from the Eclipse Menu <sup>[35]</sup>. Processing reports may be available as early as a few minutes after a claim is sent, or they may take some days.

A processing report looks much like the Medicare benefit advice forms that you would be familiar with. There is a separate line showing details of each item claimed, the amount paid, and any explanation codes.

Access Anaesthetics - Dr Alexander Wilson - [IMC Online Processing Report]

Close Tools Print Page Setup... 100% Edit in Word Edit in Excel E-mail Help

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**Medicare Australia Online Processing Report** Received: 29/08/2008 16:24:35:078 **Alexander Wilson**

Account: **AW1299** Dr Alexander Wilson Pty Ltd

Patient: **Miriam Coburn** Fund: **Australian Unity** Date printed: 02/Sep/2008

Date	Item	Charge	Schedule fee	Medicare benefit	Medicare expl. code	Fund benefit	Fund expl. code	Balance not rebated
26/08/2008	17610	<b>62.85</b>	38.80	29.10	0	3.37		30.38
26/08/2008	20920	<b>122.40</b>	.0	.0	124	.0	2014	122.40
26/08/2008	23043	<b>122.40</b>	.0	.0	558	.0	2014	122.40

Medicare Card Flag Cde		Current Patient First Name		Total charge:	307.65
Medicare Status Code	0	Current Patient Medicare Card Num		Total Medicare benefit:	29.10
Claim Fund Assessment Cde	A	Current Patient Reference Num		Total Fund benefit:	3.37
Claim Fund Explanation Code		Patient Family Name	COBURN	Total benefit:	32.47
Claim Fund Explanation Text		Patient First Name	MIRIAM		
Fund Status Code	0	Patient Medicare Card Num	2298247971	Balance not rebated	275.18
Process Status Cde	COMPLETE	Patient Reference Num	1		

124: (Medicare) Item is restricted to persons of opposite sex to patient  
 558: (Medicare) Rvg anaesthetic item not claimed  
 2014: (Fund) This claim not covered.

If a processing report indicates that the claim was rejected, or that no payment is due, the status of the claim will be set to Complete. Otherwise, retrieval of a processing report will change the claim status from 'Awaiting report' to 'Awaiting payment report'.

Retrieving a processing report also changes the account status. If the claim was rejected, the status is changed to Eclipse - rejected. If the claim was approved and the amount to be paid equals the fee charged, the status is changed to 'Payment approved-Eclipse'. All other processing reports will change the status to 'Review report - Eclipse'. These status changes enable the user to see at a glance what has happened to each of a group of accounts for which reports have just been received. On the Eclipse Menu <sup>35</sup>, there are separate buttons to show accounts which are Approved, Rejected or Not fully approved.

## 4.2 Payment reports

A payment report lists the payments made, and how they are distributed across the accounts. One payment may be made for a single account, or a payment may be made covering multiple accounts. In the following example, 8 bulk bill claims were paid with a single payment.

Access Anaesthetics - Dr Alexander Wilson - [hic\_PaymentR : Report]

Close Tools Print Page Setup... 100% Edit in Word Edit in Excel E-mail Help

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**Medicare Australia Online Payment Report** **Dr Alexander Wilson**

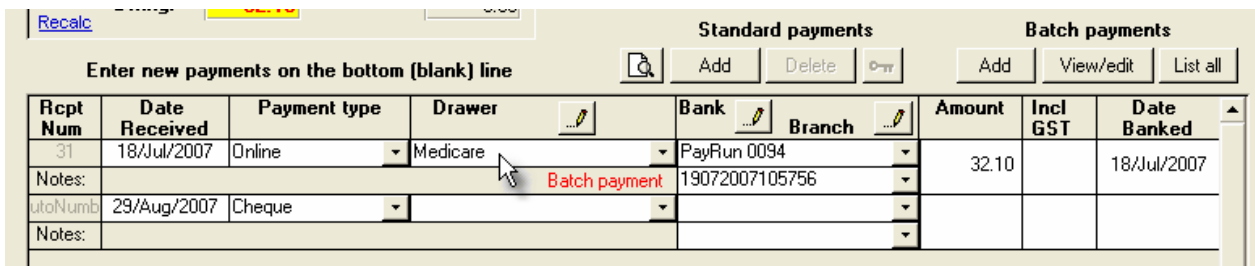
Date printed: 29/Aug/2007 Dr Alexander Wilson Pty Ltd

PmsClaimId	ClaimDate	ClaimBenefitPaid
#0543@	17/07/2007	144.40
#0545@	17/07/2007	144.40
#0546@	17/07/2007	131.25
#0547@	17/07/2007	144.40
#0550@	17/07/2007	78.10
A0538@	17/07/2007	0.00
A0548@	17/07/2007	540.90
A0549@	17/07/2007	678.15

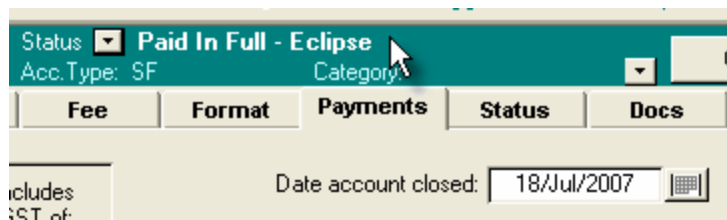
  

PaymentRunDate	PaymentRunNum	DepositAmount	BSBCcode	BankAccountNum	Bank AccountName
<b>19/07/2007</b>	0095	<b>1861.60</b>	062290	432626277	DR WILSON

Once a payment report is received, the payment details are automatically inserted into the appropriate account. Where multiple accounts are covered by a single payment, the payment is entered as a standard Access Anaesthetics Batch Payment. If a payment report is retrieved more than once, the report retrieval information will be updated, but the payments will not be re-allocated to the account a second time.



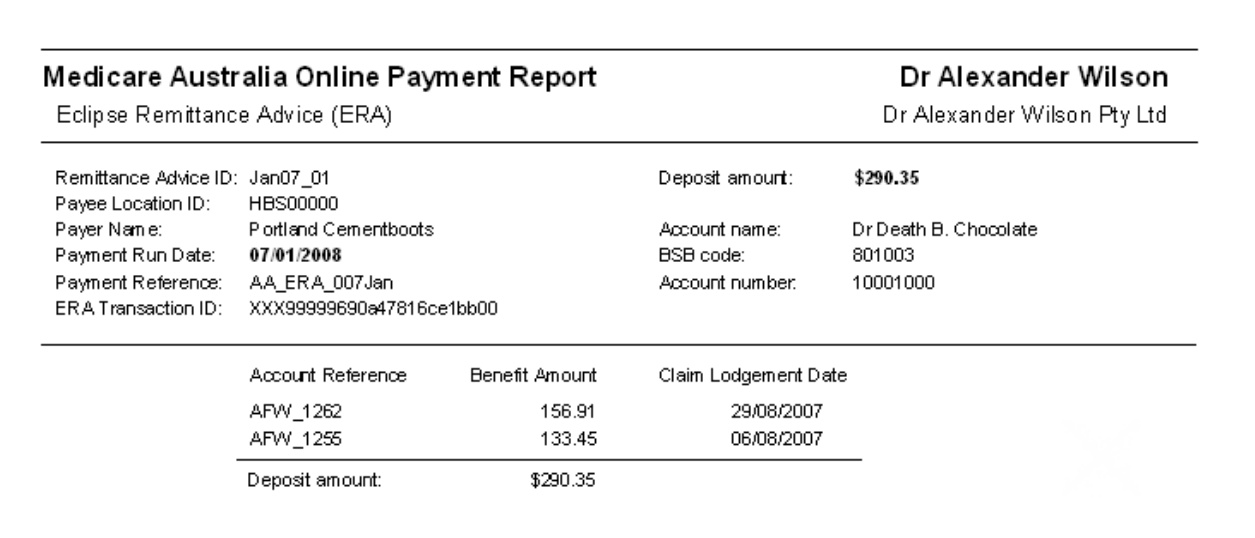
If the payment covers the total fee, the account is automatically closed and the status modified appropriately. If the payment only part pays the account, the account is left open and the status is change to 'Eclipse - review'. If the account is overpaid by more than \$20, the status is set to 'Eclipse - review overpayment'. This is mainly to be able to identify duplicated payments.



If a processing report shows that no payment is due, no payment report will be generated.

Payment reports for IMC claims are called Eclipse Remittance Advices or ERAs. It is not possible to retrieve an ERA for a specific claim. Rather, you must transmit a 'Retrieve status' request to see whether any are available for your location. If so, you may then retrieve the ERA in a separate transmission. To retrieve an ERA you must transmit a specific ERA TransactionID which is obtained from a status request, or you may specify dates within which to retrieve ERAs. The Eclipse menu keeps track of the time the last status request was made, and will generate the next status request based on that time. This ensures that you retrieve all ERAs, and that you don't retrieve any specific ERA more than once. It is possible to re-request ERAs for a period of 6 months.

An ERA looks like this ...



Not all health funds provide electronic payment advices (ERAs). For these funds, payment advices will be sent by standard mail, and should be entered into Access Anaesthetics in the normal way on the Payment page.

**Multi-provider Note on ERAs.** For a standard multi-provider installation of Access Anaesthetics, each ERA may contain multiple payments. Normally these will all be for the same provider and such a payment will be recorded in the appropriate data file as a batch payment. Sometimes, especially where two doctors may share the same bank account, a single ERA may contain payments for more than one doctor. In this case, since a batch payment cannot be spread across multiple providers, the payments are entered as simple (non-batch) payments. To identify these, the text 'MultiDr' is inserted into the Cheque Number field. Viewing such payments will identify matching data from all doctors. However, it is possible to manually delete an individual payment, and if this is done, the multiple payment details may appear unbalanced since one of the payments from the original ERA no longer exists.

## 5 Eclipse menu

The Eclipse menu is the best place to manage retrieving data from Medicare. The menu can be opened from the Access Anaesthetics Main Menu, from an individual account's Eclipse page, or from the <e> button on the top toolbar of most screens.

The menu shows a tally of all outstanding claims and provides functions to retrieve available reports. Click on any of the blue links to send an electronic request to Medicare. The <RUN ALL TRANSMISSIONS> button will go through each process sequentially, checking the status and retrieving any available reports.

The bottom section shows the reports received within a specified time period. The default is to show reports received in the last 20 minutes. The <View log> button opens the Eclipse Log<sup>44</sup> which is mainly used for troubleshooting. The <Setup><sup>8</sup> button allows entering the Location ID and other Eclipse parameters.

The screenshot shows the Eclipse menu interface with the following sections:

- Current status:** Includes a 'RUN ALL TRANSMISSIONS' button and a list of claim categories with counts and links:
  - s1 Claims awaiting transmission: 0, [Transmit now](#)
  - s2 Bulk Bill claims outstanding: 12, [Retrieve reports](#)
  - s3 IMC claims outstanding: 55
  - s4 IMC awaiting processing report: 13, [Retrieve status](#)
  - s5 IMC processing reports ready: 0, [Retrieve reports](#)
  - s6 ERA time since status request: 1d 4h 28m, [Retrieve status](#)
  - s7 ERA payment advices ready (show all): 0, [Retrieve ERAs](#)
- Claims requiring manual review:** 45, with a checked 'Show log while transmitting' option.
- Show reports returned:** Filtered by 'Last 20 min'. Includes:
  - r1 Bulk Bill processing reports received: 0
  - r2 Bulk Bill payments advices received: 0
  - r3 Individual BB payments received: 0
  - r4 IMC process reports received A N R: 0, All Drs
  - r5 ERA payment advices received: 0, 0 Reconcile payments
  - r6 Individual ERA payments received: 0
  - r7 Eclipse accounts closed: 0, Refresh data
- Additional info:** Health funds list last updated: 22/Feb/2008, [Update funds list](#); Location ID: HBS00000, Location certificate expires: 13/Feb/2013.

Moving the mouse over the different claim or report categories will activate a link that will show a list of the matching claims or reports. For example, click on "IMC awaiting processing report" to display a list of claims awaiting these reports. Once the list is displayed, you may either view a report or go to the claim in the Accounts details screen. Alternatively, click the <View in List of Accts> button to show the displayed list in the List of Accounts. This is useful for reviewing a set of accounts together.

The screenshot shows the Eclipse interface with the following details:

- Navigation:** View IMC awaiting processing report, [View Report](#), [Go to claim](#), [View in List of Accts](#), [Close](#)
- Section Title:** IMC awaiting processing report = 13
- Table:**

Current status	RUN ALL TRANSMISSIONS	AccNo	ClaimId	PSName	EclipseClaimTy	Status	ReportStatus
Claims awaiting transmission	0 <a href="#">Transmit now</a>	1170	296	Dobberman	IMC-SC	Awaiting report	HEALTH_FUND_ASSESSING-PROCE
Bulk Bill claims outstanding	12 <a href="#">Retrieve reports</a>	1172	298	Dobberman	IMC-SC	Awaiting report	HEALTH_FUND_ASSESSING-PROCE
IMC claims outstanding	55	1192	319	Dobberman	IMC-PC	Awaiting report	MEDICARE_ASSESSING-PROCESSI
<a href="#">IMC awaiting processing report</a>	13 <a href="#">Retrieve status</a>	1199	327	Dobberman	IMC-PC	Awaiting report	MEDICARE_ASSESSING-PROCESSI
IMC processing reports ready	0 <a href="#">Retrieve reports</a>	1200	339	Coburn	IMC-PC	Awaiting report - rejection	
ERA days since status request	39 <a href="#">Retrieve status</a>	1200	340	Coburn	IMC-PC	Awaiting report - rejection	
ERA payment advices ready (show all)	0 <a href="#">Retrieve ERAs</a>	1200	341	Coburn	IMC-PC	Awaiting report - rejection	
		1200	342	Coburn	IMC-PC	Awaiting report - rejection	
		1245	500	Alton	IMC-SC	Awaiting report	MEDICARE_ASSESSING-PROCESSI
		1246	501	Alton	IMC-SC	Awaiting report	MEDICARE_ASSESSING-PROCESSI
		1247	502	Alton	IMC-SC	Awaiting report	MEDICARE_ASSESSING-PROCESSI
		1249	511	Alton	IMC-MD	Awaiting report	
		1280	644	Dobberman	IMC-SC	Awaiting report	MEDICARE_ASSESSING-PROCESSI

When reports are retrieved, they are identified by the date and time of retrieval. The default on the Eclipse Menu is to show reports retrieved in the last 20 minutes. If you retrieve reports more than once a day, of if you need to review reports retrieved further in the past, use either the <Today> button or the <Specify> button.

ERA payment advices ready (show all) 0 <a href="#">Retrieve ERAs</a>		<a href="#">View Report</a>	<a href="#">Go to claim</a>	<a href="#">View in List of Accts</a>	<a href="#">Close</a>
Claims requiring manual review 46		<b>IMC process reports received = 21</b>			
<b>Show reports returned</b>	<a href="#">Last 20 min</a>	<a href="#">Today</a>	<a href="#">Specify</a>		
Bulk Bill processing reports received	1	2 days			
Bulk Bill payments advices received	3				
Individual BB payments received	4				
IMC process reports received A N R	21	All Drs	<a href="#">Hide list &gt;&gt;</a>		
ERA payment advices received	1	13	<a href="#">Reconcile payments</a>		
Individual ERA payments received	2				
Eclipse accounts closed	6	<a href="#">Refresh data</a>			
AccNo	ClaimID	PSName	PrivateFund	Status	PaymentStatus
1251	642	Watts	Medicare Austr	Complete	Eclipse - review
1251	642	Watts	Medicare Austr	Complete	Eclipse - review
1255	525	Cummins	Medibank Priv	Complete	Eclipse - paid MBS 752
1258	675	Cummins	Medicare Austr	Complete	Eclipse - rejected
1258	676	Cummins	Medicare Austr	Complete	Eclipse - rejected
1258	676	Cummins	Medicare Austr	Complete	Eclipse - rejected
1258	676	Cummins	Medicare Austr	Complete	Eclipse - rejected
1280	643	Dobberman	Medicare Austr	Awaiting ERA payment rep	Payment approved-Ecl
1280	643	Dobberman	Medicare Austr	Awaiting ERA payment rep	Payment approved-Ecl
1280	643	Dobberman	Medicare Austr	Awaiting ERA payment rep	Payment approved-Ecl
1280	643	Dobberman	Medicare Austr	Awaiting ERA payment rep	Payment approved-Ecl
1282	655	Doe	HCF	Complete	Eclipse - rejected
1282	658	Doe	HCF	Complete	Eclipse - rejected
1282	659	Doe	HCF	Complete	Eclipse - rejected

Retrieving an IMC Processing report will change the payment status of the relevant account. The A/N/R buttons allow viewing these according to their payment status where A=Approved, N=Not fully approved, R=Rejected.

A payment advice may cover more than one claim. Consequently there are separate tallies for payment advices received and individual payments received. The latter shows the individual claims or accounts that a payment was received for.

**Important Multiple provider considerations**

For group practices, it is not possible to determine which provider a specific payment advice is for until it is actually received. Consequently, a payment advice received while in one provider's file may be allocated to payments in another provider's file. This is why there is a separate "All Drs" category on the report listing. For group practices, we recommend that the ERA reports are retrieved on one PC while Access Anaesthetics is closed on all other PCs. After retrieval, the other PCs can open Access Anaesthetics and review the retrieved reports. It should only be necessary to retrieve ERA reports once per day - for example by the first staff member logging on each morning.

When the Eclipse Menu first opens, the 'All Drs' value has not been calculated (to reduce delays in opening the menu). This is calculated automatically if any ERAs are received, or when the <Refresh data> button is clicked.

When viewing the 'All Drs' list, the View Report button will print the displayed list so that it may be used for reference when reviewing the other doctors' files.

See also ...


- Recommended daily routine [36](#)
- Payment reconciliation [37](#)
- Report retrieval sequence [37](#)
- Search for a missing ERA [38](#)
- Participating health funds [42](#)

**5.1 Recommended Daily Routine**

- At the beginning of the day (and at other times as appropriate), go to the Eclipse Menu and click the <Run all transmissions> button. This will send all stored claims, retrieve the status of all outstanding claims, and retrieve any processing or payment reports available.
- Review the changes in the claims tally to get an overall idea of what has been returned. Click the Refresh button if you believe the numbers have not been updated.
- Click on each report link to show the individual reports retrieved. To easily review all the reports received, click the <View in List of Accounts> button on the top right of the screen. Go to the Eclipse page and scroll from one account to the next to view the details of changes or reports received for each account.
- When processing reports are retrieved, the account's payment status is modified accordingly. This may be changed to 'Payment approved-Eclipse', 'Review report - Eclipse', or 'Eclipse - rejected'. You can filter the



reports returned in each of these categories with the A, N and R buttons.

- Do the same with payment reports. Group practices should keep in mind that ERA reports may be retrieved for doctors other than the one currently being viewed.
- If any processing reports show that a claim was rejected, review the reasons given in the report and consider correcting the patient information and resubmitting the claim. Also check claims where the status has been set to Review report - Eclipse, since the report will indicate that the rebate approved was less than the amount charged. When a payment report is received for these accounts, the payment status will be changed to Eclipse - review.
- Review any claims labeled as Eclipse - review. There is a specific link for these on the Eclipse Menu.
- Enter accounts as usual during the day and either send them as they are created, or store them for later transmission. The benefit of sending claims immediately is that if there are any issues with patient identification details, a processing report may be available immediately which will allow editing and resubmitting the claim.
- Eclipse accounts should be reported on in the same way as standard accounts. More... 

## 5.2 Payment Reconciliation

Since Eclipse payments appear only as electronic reports in the software, we thought it might be useful to have a method of recording when these payments have actually appeared in the designated bank account. This is an optional process.

Click the <Reconcile payments> link on the Eclipse Menu to open the following screen.

By default all payments which have the payment type 'Online' will be shown. Other payment types may be selected from the 'Type Filter' list. Payments not reconciled will be shown, although both reconciled and unreconciled payments may be selected using the radio buttons. To reconcile a payment that has appeared on a bank statement, simply tick the 'Reconciled' checkbox. You may edit the banking date if this is different to that shown on the statement. (Editing this date will change the date in all components of a batch payment.) Date criteria may optionally be specified for both the PayRunDate and the banking date. (The PayRunDate is stored in the Date Received field.)

Once a payment has been reconciled, it will no longer appear in the list of unreconciled payments. Reconciled payments are not lost in the system; they can be viewed again by selecting the 'Not reconciled' radio button.

While this reconciliation system is intended specifically for online payments, any payment type may be reconciled.

Rept	Batch	Type	AccNo	Drawer	Payment Ref	Report Rec'd	Amount	PayRunDate	Banked	Reconciled
304	Yes	Online		HIC 3rd Party Test Health	HCF-EC-17012008	02112007122038	318.15	25/10/2007	26/10/2007	<input type="checkbox"/>
306	Yes	Online		HIC 3rd Party Test Health	AA_ERA_Payment	02112007122322	318.15	25/10/2007	25/10/2007	<input type="checkbox"/>
329	Yes	Online		Wallerawang Powerhouse	AA_ERA_Payment	02112007143054	318.15	26/10/2007	26/10/2007	<input type="checkbox"/>
384		Online	1257	Medicare	PayRun 0108	26112007185132	32.10	07/08/2007	07/08/2007	<input type="checkbox"/>

## 5.3 Report retrieval sequence

The overall sequence in sending an IMC claim and retrieving payment is as follows:

1. A claim is generated in Access Anaesthetics. Its Status is set to Awaiting transmission.
2. The claim may optionally be stored prior to transmission.
3. The claim is transmitted to Medicare and health funds. The claim status set to Awaiting report.
4. A 'Status request' is transmitted and the status of the claim is retrieved. This may be done on multiple occasions until a processing or payment report is ready. The stages in this process are shown by clicking the <View progress stages> button on the Eclipse page.
5. If the status request shows that a processing report is ready, a retrieve request is sent.

6. The processing report is returned. If the claim is rejected, the claim status is set to 'Complete', otherwise it is set to 'Awaiting payment report'. If the claim is rejected the account status is set to 'Eclipse - rejected'. Otherwise the account status is set to 'Payment approved-Eclipse' or 'Review report - Eclipse' depending on whether full payment was approved.
7. A Status request (ERA) is transmitted to retrieve the ERA Transaction IDs of any available ERAs.
8. If any ERA Transaction IDs are retrieved, the ERA is requested.
9. Upon arrival, the ERA distributes payments appropriately to waiting claims. The claim status is set to Complete. The account status is set to Paid in full or Eclipse - review, as appropriate. For group practices, this may happen in data files other than the current one.

#### Note

- If a claim is rejected or if no payment is due, there will be no payment report.
- For bulk bill claims, there will be no processing report if the claim is accepted without modification.
- For PCI claims, a processing report is returned immediately and the claim is closed.
- For IMC claims, there will always be a processing report, whether or not full payment is approved.

#### Report Status

When a Status Request is sent via Eclipse, there are 3 possible values of the "Report Status Code" returned in this transmission. These are ...

PROCESSING - the claim is being processed and a report is not yet available  
 READY - processing has been completed and a report is available for retrieval  
 REPORTED - the report has already been retrieved by Access Anaesthetics


If you use the 'Run all transmissions' button on the Eclipse Menu, any reports found to be READY will be retrieved automatically. If a status request is sent again for these claims, their status will appear as REPORTED. Consequently they will not be retrieved again automatically.

#### Re-retrieving Reports

It is possible to re-retrieve reports manually if required. Reports are usually available for 6 months after they were created.

To retrieve a processing report again, go to the Eclipse tab for the individual account and click the Get Processing Report button. The report will be retrieved again, provided it is still available.

IMC payment reports (ERAs) can only be retrieved by specifying an ERA Transaction ID which is retrieved by a Status Request. This is stored with the ERA when it is retrieved and can be viewed by viewing the ERA report. You can use this ID to retrieve an ERA by clicking the Get Payment Report on the Eclipse page of an IMC account. However, it is unlikely that you will ever need to re-retrieve an ERA report that you already have.

However, you may occasionally need to search for a missing ERA report .

## 5.4 Search for a missing ERA

Retrieving Eclipse payment advices (ERAs) involves specifying a time period for the search. This requires the process to specify a starting and finishing date for the search. Access Anaesthetics specifies these dates automatically. When an ERA Status Request is performed, the date of this is recorded so that the next time a Status Request is performed, the starting date of the search is set to the finishing date of the previous search. (If the date of the last status request is not recorded, the data of the first IMC claim is used.)

It is possible to specify exact dates to search if you believe you have missed an ERA. To do this from the Eclipse Menu, click the <Retrieve status> link next to the 'ERA days since status request' label. Normally, the value in the field will be 1 day or greater if you have not done a Retrieve Status for some time.



**Note.** There may be occasions when the time displayed is not the best period to use. For example, if you have done a manual search for a past period (see below), the date of the last status request may be days,

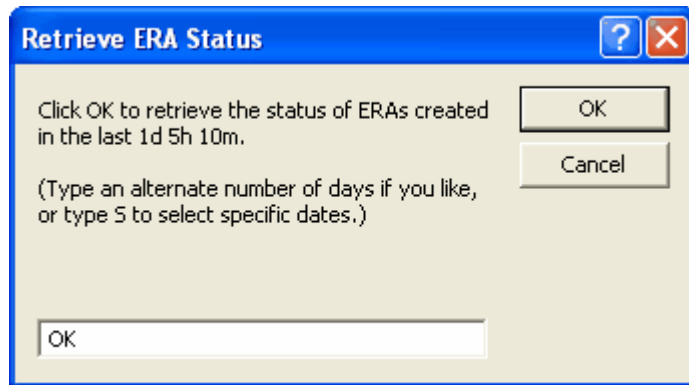


weeks or months previously. It may be preferable to use the time since the last ERA was received. This can be seen by clicking the 'ERA time since status request' label.

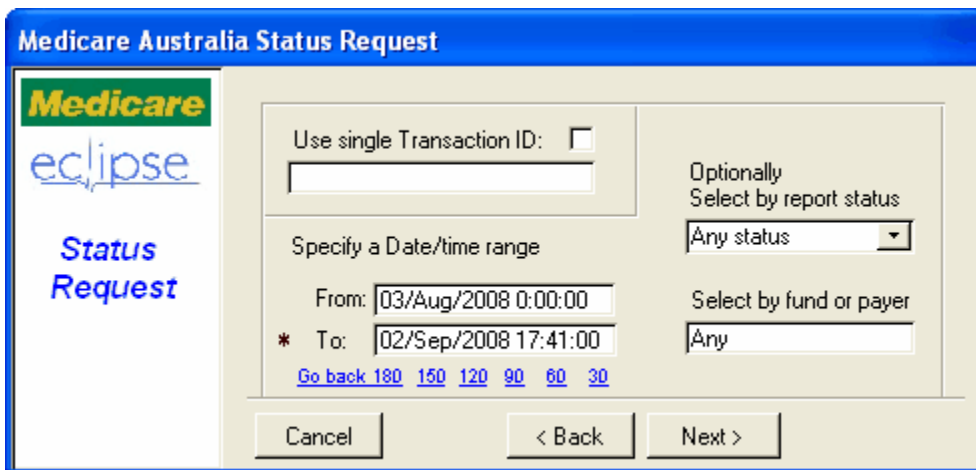
Clicking <Retrieve status> will open a dialog box allowing you to specify how many days earlier that today should be used for the search period.

Enter a number to specify how many days back to search.

Enter S if you want to manually specify particular starting and finishing dates for the search. This will open the window shown below.



Enter the dates you wish to search. You may optionally enter times after the dates in the format hh:mm:ss. To make date entry easier, there are some shortcuts below the date fields which will enter the 'From' date the specified number of days prior to today. For example, clicking 90 will enter a starting date 90 days before today, and today as the finishing date.



When retrieving the status of ERAs over a past period, you will probably retrieve a list of ERAs that you have already received. For these, the status will usually be REPORTED. The progress window on the right of the Eclipse Menu will show what has been retrieved by the Status Request. (Note that this will only request the status of the ERAs, not the actual ERAs themselves.) If there are any ERAs where the status is READY, the number of these will be shown in the ERAs ready box (see below), and can be listed by clicking on the <ERA payment advices ready> link.



A number here indicates that these have not previously been retrieved, and that it is appropriate to retrieve them now. Click the Retrieve ERAs link to do this.

When retrieving the ERA status using the above dialog box, you can optionally restrict the search to only ERAs that are READY by selecting an option in the 'Select by report status' drop down list. Similarly, you can restrict the search to ERAs generated by a specific fund. To do this, enter the fund into the box on the lower right. You have to use the exact name for the fund which is normally returned by the ERA, not the Eclipse code. You may best find this by looking at a previous ERA for the specified fund.

If the search found ERAs that have already been reported, they can be listed by clicking the <(show all)> link.

**Re-retrieving previously reported ERAs**

Normally you would not want to re-retrieve previously reported ERAs. If you do want to do so, click the < (show all)> link and identify the ERA you wish to retrieve. Scroll across and locate the ERA Transmission ID and note it down carefully. Then go to the Eclipse tab for any account which has an Eclipse claim (IMC) and click the Get Payment report button. Follow the prompts and enter the ERA Transaction ID. The ERA should be retrieved successfully and recorded by the system. If so, it can be found in the Reports section on the bottom left of the Eclipse Menu. Note that even though an ERA may be retrieved more than once, if the payment included in the ERA is already recorded in Access Anaesthetics, it will not be recorded again.

### Troubleshooting

The following functions may help to identify problems with payment advices.

Find unbalanced batch payments. Payments where the total of the batch does not equal the sum of the distributions. This may happen if errors occur during Online payment retrieval. From the batch payments summary form (List All), click Tools > Fix batch errors. Also finds orphan and childless payments.

Find duplicated payments. Payments within an account where the date, type, drawer and amount are identical. From the from List of Payments, click Tools > Duplicated payments. This is mainly a safeguard to check for duplicated Online payments. Note that it is possible to have apparently duplicated payments which are quite legitimate. In the unlikely event that a fund sends two ERAs for the same payment, the payments may be recorded twice. However, the account will be flagged as Eclipse - review overpayment.

Find missing ERAs. From the Eclipse menu, click Tools > Find Missing ERAs. This will allow retrieving Medicare ERA Status records over a specified period, and matching these with ERAs recorded in Access Anaesthetics. Any ERAs generated by Medicare/funds which are not correctly recorded in AA will be identified and can be retrieved. Claims for which there is still no ERA available need to be referred to the relevant health fund.

## 6 Managing Eclipse Accounts

Eclipse accounts will appear in the List of Accounts just like standard accounts. They will have an entry in the Eclipse column, most commonly IMC-SC.

Open Eclipse accounts can be listed directly from the Select Menu, as can Eclipse accounts needing review. The Select Advanced dialog box additionally provides the ability to select specific Eclipse claim types (or all claim types). Also, claims which are not Eclipse claims can be listed by selecting <None> in the Eclipse claim type box.

Eclipse payments can be viewed in the List of Payments by selecting the payment type 'Online' in the Select > Advanced dialog box. Bulk bill or ERA payment reports can be viewed or printed from this list, either as standard batch payments, or as Eclipse type reports.

When an Eclipse payment is entered, the following details are inserted:

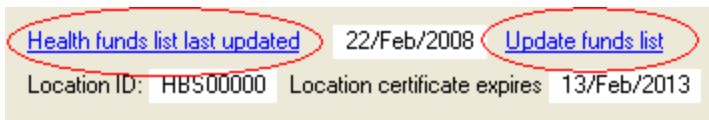
Date received	Payment run date
Payment type	Online
Drawer	Fund name
Cheque number	<blank>
Bank	Payment reference
Branch	Report received date/time
Amount	Amount
GST	GST
Date banked	Payment run date
Notes	ERA Transaction ID

Eclipse accounts should be treated in the same way as standard accounts for the purposes of generating activity and payment reports.

## 7 Participating health funds

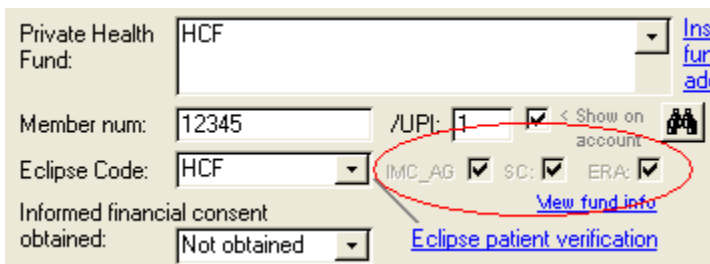
Not all health funds in Australia are currently accepting Eclipse online transactions. However, as time goes on, more and more will be joining up, or will be adding additional functions. For this reason, Access Anaesthetics has a function to retrieve the latest information on participating health funds from Medicare Australia.

From the Eclipse Menu, click <Update funds list> on the lower right of the screen. An electronic transmission will be sent to Medicare requesting the details. After a short delay the progress box should show a list of participating health funds. To view the complete list, click the <Health funds list last updated> hyperlink on the bottom of the window. The list may also be viewed at any time on the Fund page of any account (click the <View fund info> button).



The listed health funds do not necessarily provide all Eclipse functions. For example, some funds accept electronic claims, but do not provide electronic payment advices. For these funds, payment advices will be sent by standard mail, and should be entered into Access Anaesthetics in the normal way on the Payment page. These are shown in the table below where there is no entry in the ERA column.

In Access Anaesthetics, if a health fund does not provide the required functions (as shown in the list), the claim will not be able to be sent. To make it easy to see which functions a fund provides, three checkboxes are shown on the Fund page indicating whether the selected fund accepts IMC-AG, IMC-SC and ERA transactions. At the time of writing this manual, Medibank Private and MBF were the only 2 major funds not accepting Eclipse claims. Both, however, were accepting patient verification transmissions (OPV).



The following list of participating health funds was retrieved in February 2008. Health funds not shown in a recently updated list do not accept Eclipse claims. Medicare Australia recommends updating the list of participating health funds at least monthly. The date of the last update is shown on the Eclipse menu. Where it is more than 60 days since the last update, the date will be shown in red type, and moving the mouse over the label will give a gentle reminder to update.

Code	Fund Name	OPV	IMC_AG	IMC_SC	IMC_PC	IMC_MB	ERA
ACA	ACA Health Benefits Fund	Accept	Accept	Accept			
AHM	Australian Health Management Group Limited	Accept	Accept	Accept	Accept	Accept	Submit
AMA	The Doctors' Health Fund Limited	Accept	Accept	Accept	Accept	Accept	Submit
AMX	The Card Member Health Insurance (AMEX)	Accept	Accept		Accept	Accept	Submit
ANZ	ANZ Health Insurance	Accept	Accept		Accept	Accept	Submit
AUH	Australian Unity Health Limited	Accept	Accept	Accept			
CBH	CBH Health Fund Ltd	Accept	Accept	Accept	Accept	Accept	Submit
CDH	CDH Benefits Fund Limited	Accept	Accept	Accept			
CHF	Credicare Health Fund Limited	Accept	Accept	Accept			
CSR	CSR Health Plan	Accept	Accept		Accept	Accept	Submit
CWF	Central West Health	Accept	Accept	Accept	Accept	Accept	Submit
CYF	CY Health	Accept	Accept	Accept	Accept	Accept	Submit
DHF	Defence Health	Accept	Accept	Accept	Accept	Accept	Submit

GMH	GMHBA Limited	Accept	Accept	Accept	Accept	Accept	Submit
HBA	HBA	Accept	Accept		Accept	Accept	Submit
HCD	Health Cover Direct	Accept	Accept		Accept	Accept	Submit
HCF	HCF of Australia Limited	Accept	Accept	Accept	Accept	Accept	Submit
HCI	Health Care Insurance Limited	Accept	Accept	Accept	Accept	Accept	Submit
HHB	GMF Health t/as Healthguard	Accept	Accept	Accept	Accept	Accept	Submit
HIF	Health Insurance Fund of WA	Accept	Accept	Accept	Accept	Accept	Submit
LHM	Lysaght Peoplecare	Accept	Accept	Accept	Accept	Accept	Submit
LHS	Latrobe Health Services	Accept	Accept	Accept			Submit
MBF	MBF	Accept					
MCL	Mutual Community	Accept	Accept		Accept	Accept	Submit
MDH	Mildura District Hospital Fund Limited	Accept	Accept	Accept			
MPL	Medibank Private	Accept			Accept	Accept	
MUI	Manchester Unity Australia Ltd	Accept	Accept	Accept			
NHB	Navy Health Limited	Accept	Accept	Accept			
NIB	NIB Health Funds Limited	Accept	Accept	Accept	Accept	Accept	Submit
PHF	Phoenix Health Fund Ltd	Accept	Accept	Accept			
POL	South Australian Police Employees Health Fund	Accept	Accept	Accept	Accept	Accept	Submit
QCH	Queensland Country Health Limited	Accept	Accept	Accept			
QTU	Queensland Teacher's Union Health Fund	Accept	Accept	Accept	Accept	Accept	Submit
RBH	Reserve Bank Health Society Ltd	Accept	Accept	Accept			
RTH	Railway & Transport Health Fund	Accept	Accept	Accept	Accept	Accept	Submit
SGI	MBF Alliances	Accept					
SLM	St. Luke's Health	Accept	Accept	Accept	Accept	Accept	Submit
SMH	Super Members Health Plan	Accept	Accept		Accept	Accept	Submit
SPS	Health Partners	Accept	Accept	Accept	Accept	Accept	Submit
STG	St. George	Accept	Accept		Accept	Accept	Submit
TFH	Teachers Federation Health Limited	Accept	Accept	Accept	Accept	Accept	Submit
TIO	Territory Mutual	Accept	Accept		Accept	Accept	Submit
UAD	Druids Friendly Society	Accept	Accept	Accept	Accept	Accept	Submit

## 8 Eclipse Log

Most processes in the Eclipse system are tracked by a log file. To view this, go to the Eclipse Menu and click the <View Log> button on the top of the screen. The window below will open.

The most recent events are at the top. The claim creation and transmission process can be tracked here as each step is performed. Errors can be identified to try to find out why a claim fails or Eclipse is not functioning correctly. Usually this will be used for technical support only, but clients are encouraged to look here first for explanations.

Medicare Online Activity Log							
Refresh		Clear	Export	Days to log: 7	Info	Records: 1945	Filter
				<input checked="" type="checkbox"/> This PC only	Add marker	Table view	
LogTime	Procedure	FunctionName	ReturnCode	Description	ComputerName	UserName	DataFile
2/09/2008 5:51:31 PM	Startup	-----Session Loaded-----	0	The task has been completed successfully	JUPITER	oj	Alexanc
2/09/2008 5:51:31 PM	Startup	getSessionElement, LogicPackVersion= "MCA/OlcHo	0	The task has been completed successfully	JUPITER	oj	Alexanc
2/09/2008 5:51:31 PM	Startup	getSessionElement, CertExpiryDays= 1625	0	The task has been completed successfully	JUPITER	oj	Alexanc
2/09/2008 5:51:31 PM	Startup	setSessionElement, TransmissionType = P	0	The task has been completed successfully	JUPITER	oj	Alexanc
2/09/2008 5:51:31 PM	Startup	setSessionElement, Recipient= ebus.test@medicareau:	0	The task has been completed successfully	JUPITER	oj	Alexanc
2/09/2008 5:51:31 PM	Startup	setSessionElement, Server= www4.medicareaustralia.g	0	The task has been completed successfully	JUPITER	oj	Alexanc
2/09/2008 5:51:31 PM	Startup	Setting to TEST server	0	The task has been completed successfully	JUPITER	oj	Alexanc
2/09/2008 5:51:31 PM	Startup	setSessionElement, LocationId= HB500000	0	The task has been completed successfully	JUPITER	oj	Alexanc
2/09/2008 5:51:31 PM	Startup	setSessionElement, PmsVersion= 5.1	0	The task has been completed successfully	JUPITER	oj	Alexanc
2/09/2008 5:51:31 PM	Startup	setSessionElement, PmsProduct= Access Anaesthetics	0	The task has been completed successfully	JUPITER	oj	Alexanc
2/09/2008 5:51:31 PM	Startup	createSessionEasyclaim= 730785500	0	The task has been completed successfully	JUPITER	oj	Alexanc
2/09/2008 5:51:15 PM	Startup	getVersionId= 6.6.30	0	The task has been completed successfully	JUPITER	oj	Alexanc
2/09/2008 5:51:15 PM	Startup	loadEasyClaim	0	The task has been completed successfully	JUPITER	oj	Alexanc
2/09/2008 5:51:11 PM	Startup	-----	0	The task has been completed successfully	JUPITER	oj	Alexanc
2/09/2008 5:51:06 PM	Startup	unloadEasyclaim	0	The task has been completed successfully	JUPITER	oj	Alexanc
2/09/2008 5:51:06 PM	Startup	destroySessionEasyclaim	1005	No session matching the provided session ID cu	JUPITER	oj	Alexanc
2/09/2008 5:00:23 PM	Startup	getVersionId= 6.6.30	0	The task has been completed successfully	JUPITER	oj	Alexanc
2/09/2008 5:00:23 PM	Startup	loadEasyClaim	0	The task has been completed successfully	JUPITER	oj	Alexanc

Because the log can generate a large number of records in a short time, particularly for group practices will many doctors, only the last 7 days of data is saved. This may increase the size of the AAUser.mdb or AASite.mdb file significantly. If so, reduce the number of days in the drop down list at the top of the screen. If you find that the log is not recording data far back enough to be a useful troubleshooting tool, increase the number of days logged. The log may be exported to a csv file for viewing in Excel or for archiving.

The log may be filtered by clicking the <Filter> button to show specific error codes, only error messages, or non-standard return codes. Click the checkbox to toggle between the current computer, and all computers in the system (networked groups).

The <Table View> button will show the log in a standard Access datasheet, in chronological order from top to bottom.