

# Suncorp Bank Medicare



## Easyclaim User Guide



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# 1 Introduction

Suncorp Bank is now able to offer the Medicare Easyclaim service to practitioners. Medicare Easyclaim is a service that allows practitioners and administration staff to process Medicare claims electronically using the Suncorp Bank EFTPOS network.

The Medicare Easyclaim network is a robust infrastructure that allows practitioners and administrators to process Medicare claims electronically using Medicare's Easyclaim system. The Medicare Easyclaim host runs separately from the Bank's host to provide fast, efficient processing of your Medicare claim transactions without affecting the EFTPOS network.

General practitioners, specialists, allied health professionals, dentists, diagnostic and pathology clinics will all benefit from this service, which will reduce the time and effort spent on completing Medicare claim forms, and allow faster transfers of funds for bulk billed claims into nominated bank accounts. Bulk bill claiming using Medicare Easyclaim is also entirely paperless – you no longer need to collate, batch and archive your bulk bill claim forms (see "Retention of Records" below).

Your patients may also benefit. With Medicare Easyclaim they can now have their Medicare benefits deposited directly into their bank account using an EFTPOS card, so no more queuing at Medicare branches to receive their benefit payments.

The Medicare Easyclaim User Guide provides instructions on how to use your Medicare Easyclaim enabled terminal. This guide replicates the screens from an EFTPOS terminal. Some screens may vary if you are using a different terminal type or version.

Please take time to read this manual thoroughly and ensure that all users read it too.

## 1.1 Retention of Records

Although archiving and retaining your bulk bill claim forms is not necessary when claimed via Medicare Easyclaim, Medicare Australia currently recommends that practices keep all records associated with benefits paid by Medicare Australia for at least 2 years. These records may include electronic billing information, notes in practice software, appointment records and assignment of benefit forms. In the event of audit, this information will help service providers validate to Medicare Australia that claims have been correctly paid. You may also have other record keeping requirements that may affect these records (such as Medical Registration Board and State Government requirements).

## 1.2 Important Contact Details

### 1.2.1 *For Practitioners*

#### **Medicare eBusiness Service Centre**

For more information on Medicare Easyclaim

- 1800 700 199

#### **Medicare Provider Hotline**

For all assessment queries

- 132 150

#### **Suncorp Bank Medicare Easyclaim Helpdesk**

For reporting of Medicare Easyclaim faults and instructions on how to process Medicare Easyclaim transactions.

- 1300 621 803 (24 hours, 7 days)

#### **Suncorp Bank Technical Helpdesk**

To report terminal hardware faults.

- Free call 1800 836 055 (24 hours, 7 days)

#### **Suncorp Bank Merchant Enquiries**

For general merchant enquiries, EFTPOS transaction errors, merchant statement enquiries, charge card acceptance, change of address notification, the collection of unused equipment, business closure and the adding or deleting of terminal functionality.

- Free call\* 13 11 75 (Monday to Friday, 8.30am to 5pm AEST)

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**Note.** Please assist us by having your merchant number and terminal number available when contacting the Suncorp Bank Helpdesks.

If you experience an issue in the processing of a Patient Claim in some circumstances the terminal may print out an error message receipt, this receipt will detail what Helpdesk number to call in order to discuss the processing error.

### 1.2.2 *For Claimants*

**IMPORTANT NOTE:** If a claimant believes they have not received their Medicare benefit processed via Medicare Easyclaim, they should contact the financial institution that issued the EFTPOS card (not the terminal) used in the transaction, quoting the reference number provided on their EFTPOS receipt.

In the situation whereby a claimant asks you to provide them with an alternative contact to discuss the matter further, refer them to the Medicare Australia Consumer Line 132 011.

## 2 Getting Started

### 2.1 Your Suncorp Bank Medicare Easyclaim Terminal

The Medicare Easyclaim network runs on a standard Suncorp Bank EFTPOS terminal. The Bank uses several types of terminals, but basic terminal operation for both EFTPOS and Medicare Easyclaim is the same. Please refer to the EFTPOS Quick Reference Guide that accompanied your terminal for a detailed description of the terminal and the function of keys on the keypad.

### 2.2 Helpful tips for using your Suncorp Bank Medicare Easyclaim Terminal

#### 2.2.1 *Alpha Entry*

Alpha entry is used to enter mixed letters and numbers. Enter this information as when using SMS on a mobile phone – press the number key repeatedly until the desired digit or letter appears.

For example: to write “STAFF”, key in 7-7-7-7, 8-8, 2-2, 3-3-3-3, 3-3-3-3.

#### 2.2.2 *Date Entry*

Date entry is used to enter a date. The default is the current date, which you can accept by pressing ENTER. To change the date, type in the new date; the current information will be overwritten.

Dates are in date in DDMMYY format. For example: to write 27 February 2011, key in “270211”

#### 2.2.3 *Dollar Amount Entry*

Amount entry is used to enter a dollar amount (currency value). You will always need to include cents, without a decimal point followed by ENTER.

For example: to write \$1001.99, key in “100199”

#### 2.2.4 *Default Data*

A data entry field may contain default data. Default data is accepted using the ENTER key. The entry of new data (e.g. by pressing a numeric key) replaces the default data.

#### 2.2.5 *Use of Clear and Cancel Keys*

When selecting from a list, use the CLEAR key to return to the previous step and the CANCEL key to return to the start of the transaction.

When entering details into a field (using Alpha Entry, Date Entry or Dollar Amount Entry as above), use the CLEAR key to erase the last character/digit entered and the CANCEL key to return to the previous step.

#### 2.2.6 *Time Outs*

During a claim if the terminal is left unattended for thirty seconds without any buttons being pressed, the claim will be cancelled and the screen will return to the main menu.

### 3 Customising Medicare Easyclaim

Suncorp Bank Medicare Easyclaim is designed to make claiming Medicare benefits quick and efficient. With Suncorp Bank Medicare Easyclaim you are able to configure customised lists of providers and services that will save time during the processing of a claim. In order to gain the most out of your Suncorp Bank Medicare Easyclaim service it is advisable to set up a few options relating to your service. This will affect the options you are presented with when you process a claim.

The steps detailed below show how to set up three main fields, Services, Provider and MBS Items. Other options, including LSPN, Equipment, Ref/Req Prov, SCP ID and Receipts, can also be customised. See Section 7 Other Administrative Functions for more detail.

#### 3.1 Services Setup

**To go to the Setup Services menu:**

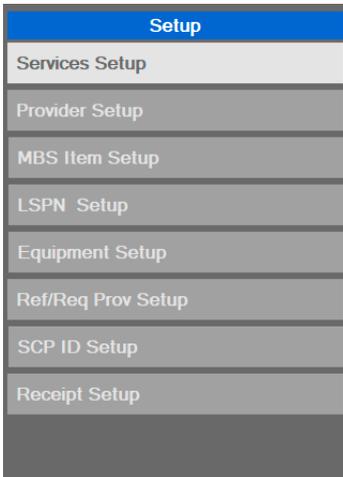
Press MENU



Press 5 for Suncorp Health and type in the operator password and press ENTER.

Select Medicare.

Select Setup



Select Services Setup

Service List	
General Practice	Yes
Spec/AH/Dental	Yes
Diagnostic	Yes
Pathology	Yes
Accept	Cancel

Change the services available by selecting the service to toggle between values. By default, all Service types are set to “Yes”. Change any Services not applicable to “No” then select Accept. The terminal will save these settings and print a confirmation receipt

**Note:** Only the Services set to “Yes” will be available choices when making a claim or when setting up other preferences.

## 3.2 Provider Setup

### To go to the Provider menu:

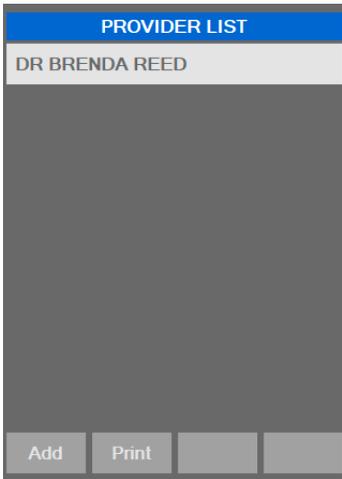
Press MENU then press 5 for Suncorp Health and type in the operator password and press ENTER

Select Medicare

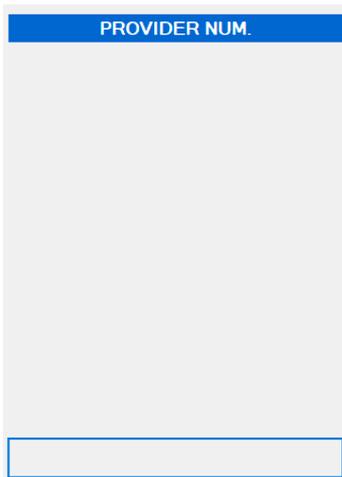
Select Setup

Select Provider Setup

This will show a list of your Providers



To add a new Provider select ADD.



Enter the Provider Number and press ENTER

**Note:** The provider number must be a full 8 characters, including letters. If a provider number is less than 8 characters, add '0' at the start to fill up the space.

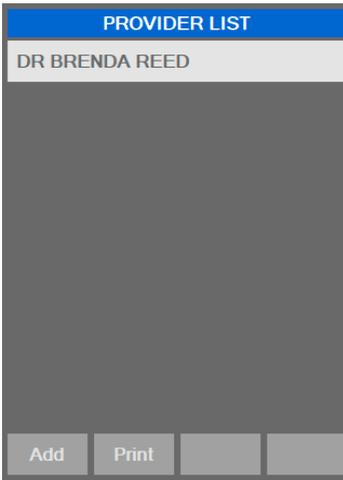
A screenshot of a mobile application interface. At the top, there is a blue header bar with the text "SHORT NAME" in white. Below the header is a large, empty, light gray rectangular area, which serves as the input field for the provider's name. At the bottom of this area, there is a thin blue horizontal line, likely representing the keyboard's return key.

Key in the Provider's name and press ENTER

A screenshot of a mobile application interface showing a selection menu. At the top, there is a blue header bar with the text "SERVICE TYPE" in white. Below the header, there are four list items, each on a separate line with a light gray background: "General Practice", "Spec/AH/Dental", "Diagnostic", and "Pathology". Below these list items is a large, dark gray rectangular area, which is currently empty. At the bottom of the screen, there are four buttons: "Back", "Cancel", and two empty gray buttons.

Select the Service or Services they provide





The screen will show the list of Providers. Press ENTER to accept changes  
The terminal will print a receipt of the list of Providers

### 3.3 MBS Item Setup

#### **To go to the MBS Items menu:**

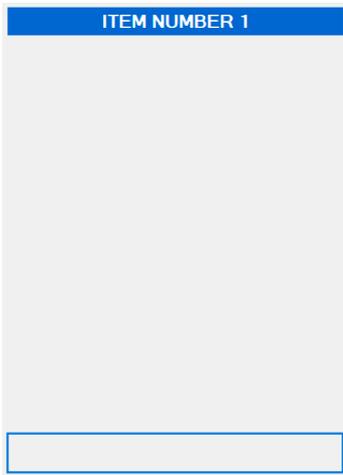
Press MENU then press 5 for Suncorp Health and type in the operator password and press ENTER.

Select Medicare

Select Setup

Select MBS Item Setup then Select the Service Type

To add a new MBS ITEM select ADD.



Enter the MBS Item Number and press ENTER

Enter the Short Name for the Item and press ENTER

Enter the full service fee amount including scheduled fee and additional payments and press ENTER

The screen will show a summary of the information entered. Check that it is correct and press ENTER

Add as many MBS Items as is necessary

The screen will show the list of MBS Items. Press ENTER to accept changes.

The terminal will print a receipt of the MBS Item number

### 3.4 Other settings

There are several other settings listed in the Setup menu which are not applicable to all practices.

See *Section 7 Other Administrative Functions* for details on setting up these other settings.

## 4 Claim Information

### 4.1 Information on claim types

#### 4.1.1 *Patient Claims*

There are four claim types:

1. Bulk Bill
2. Patient claim – Fully Paid
3. Patient claim – Partially Paid
4. Patient claim – Unpaid

Any Medicare benefit payable in respect of a patient claim is payable to the claimant, who may or may not be the patient.

#### *Fully Paid Patient Claims*

A Fully Paid Patient claim is an account that the claimant has fully paid before processing the claim.

For this patient claim type, where Medicare Australia assesses that a Medicare benefit is payable, the Medicare benefit will be paid to the claimant via the EFTPOS terminal, as part of the claiming process (see Section 5.2 For Approved Fully Paid Patient Claims)

#### *Partially Paid & Unpaid Patient Claims*

A Partially Paid Patient claim is an account that the claimant has not fully paid, such as a “gap” payment. An Unpaid Patient Claim is an account where no payment has been made.

If the claim is partially paid or unpaid, the benefit is not electronically payable to the claimant via the EFTPOS terminal. The EFTPOS terminal will print a ‘Paid Claim – Pended’ receipt, which will include details for how the patient must proceed.

Where Medicare Australia assesses that a benefit is payable, Medicare Australia will issue a statement and a Pay Doctor via Claimant (PDVC) cheque, which is mailed to the claimant’s address recorded with Medicare Australia. Where no benefit is assessed as payable, only a statement will be forwarded to the claimant’s address recorded with Medicare Australia.

The claimant is then responsible for forwarding the cheque, with any outstanding amount, to the medical practitioner.

#### *Bulk Bill Claims*

A Bulk Bill Claim is a claim made by a medical practitioner who undertakes to accept the relevant Medicare benefit(s) as full payment for the service(s) provided by that medical practitioner to the patient and where the right to that Medicare benefit(s) has been assigned to the medical practitioner by the patient.

It is the medical practitioner’s discretion whether to bulk bill a Patient or not.

## 4.2 Patient payments

For services that are not bulk billed, once a patient consultation, has been completed, generate an invoice and the patient can pay by any means – cash, cheque, credit card or EFTPOS. This is a separate process completed before lodging a claim using Medicare Easyclaim.

## 4.3 Medicare acceptance and approval of claims

**Patient claims:** For fully paid patient claims, when the Medicare receipt is headed “Medicare Claim Receipt”, the claim has been fully assessed by Medicare Australia.

For part paid, unpaid and pended patient claims a “Medicare Lodgement Receipt” will be printed.

**Bulk bill claims:** Note that when Medicare accepts bulk bill claims they are not yet fully assessed. Bulk bill claim assessment for payment happens later in the day, so although the claim has been accepted as a valid claim (that is, there is no missing or invalid data), it is possible for individual items within the claim to be ‘rejected’ during the batch assessment due to other factors, such as the MBS item number not being allowed.

## 4.4 Bulk bill payments on the provider’s bank statement

All bulk bill claims submitted electronically will be combined into a single daily deposit to the payee provider’s bank account or into a single cheque to the provider if Medicare Australia does not hold the provider’s bank account details.

## 4.5 Receiving Benefits for Fully Paid Claims

A claimant may use their credit card to pay for all or part of the service fee incurred but the Medicare Easyclaim system does not permit Medicare benefit payments to be paid to credit card accounts. Only debit (EFTPOS) cards should be used to process a Medicare benefit. A claimant may swipe their credit card to receive a Medicare benefit provided that the credit card is linked to a cheque or savings account. The claimant will only have the option of choosing between cheque and savings when prompted to select an account by the terminal.

## 4.6 Optional fields

In certain circumstances, you may be asked to enter additional information to allow Medicare to assess the service and process the claim. If you omit this information, the claim may be rejected or Medicare may contact you for clarification.

## 4.7 Receipts

The terminal will produce a Medicare Australia receipt for all patient and bulk bill claim transactions (including cancelled claims) that are submitted to and receive a response from Medicare. Receipts must be provided to claimants/patients for all transactions.

## 4.8 Different services – different claims

Where a patient receives medical services of different types (for example, general practitioner and diagnostic) in the same visit, a separate claim (whether private patient or bulk bill) must be made for each different type.

### 4.8.1 *Requested and self-deemed services – different claims*

Where a patient receives both requested and self-deemed services in the same visit, each group of services must be entered as a separate claim (whether private patient or bulk bill) – the requested services in one claim containing the requesting provider details, and the self-deemed services in a separate claim with no requesting details, and selecting 1 SELF-DEEMED from the menu when prompted for the request override type. All items in this claim will then be marked as 'self-deemed'.

## 5 Making a Claim

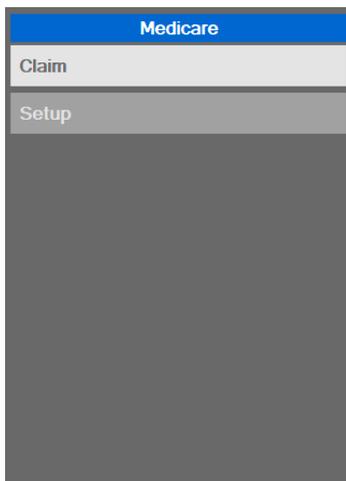
When you have completed setting up your terminal, the process will be streamlined to your practice. The options you selected during setup affect which options you are given when you come to raise a claim.

### Step 1. Go to the Claim Menu

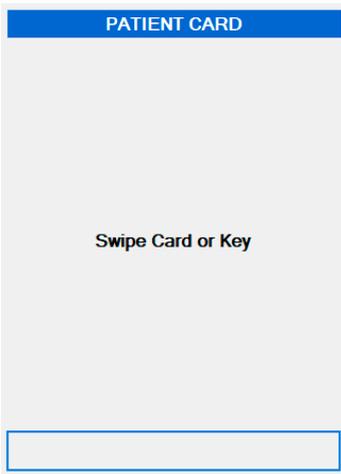
Press MENU then press 5 for Suncorp Health and type in the operator password and press ENTER

Select Medicare

Select Claim

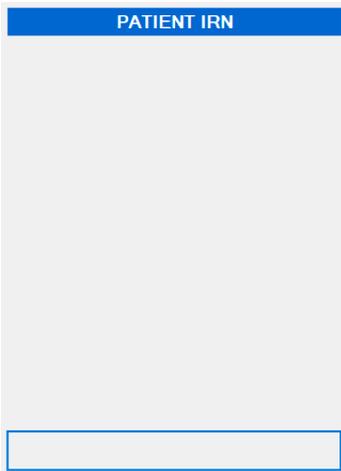


Swipe the claimants Medicare Card or enter the card number.



Step 2. Enter the IRN.

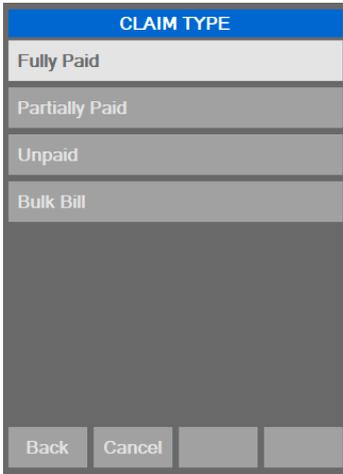
Enter the IRN and press ENTER.



**Note:** The IRN is the number that is listed next to the patient's name on the Medicare card.

### Step 3. Select claim type

Select claim type.



CLAIM TYPE			
Fully Paid			
Partially Paid			
Unpaid			
Bulk Bill			
Back	Cancel		

**Note:** this option will not be given if the only service available is Pathology

### Step 4. Select service provider



SERVICE PROVIDER			
DR BRENDA REED			
DR ABE RONALD			
Search			

If Provider details have been setup (see *Section 3 Customising Medicare Easyclaim*) select the Provider you wish to use.

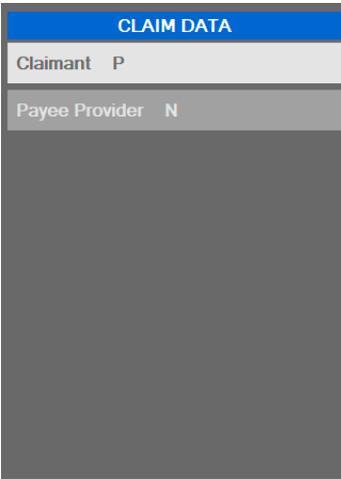
Alternatively: To use a different Provider number, select 'Search', key in the Provider Number and press ENTER.

If no Provider details have been set up, select the Service they provide.

**Note:** The provider number must be a full 8 characters, including letters. If a provider number is less than 8 characters, add '0' at the start to fill up the space.

## Step 5. Confirm Claim Data

The screen shows the Claim Data details; check that the information is correct and press ENTER.



The screenshot shows a terminal window with a blue header bar containing the text "CLAIM DATA". Below the header, there are two rows of data: "Claimant P" and "Payee Provider N". The rest of the screen is a solid dark grey color.

To modify any Claim Data details, select the item you wish to change. For further information about each claim item see *Section 8.1 Claim Data Details*.

After modifying a Claim Data detail, the terminal will return to this screen. Press ENTER when all required changes have been made.



## Step 7. Service Items Summary

The terminal will then show the Service Items Summary. To lodge additional items for this claim, press FUNCTION and select ADD.

Press ENTER there are no more items to add.

## Step 8. Finish processing the claim

The terminal will then connect to the server and send the claim details for processing. Refer to *Sections 5.1 For Unpaid or Part-Paid Claims, 5.2 For Approved Fully Paid Patient Claims and 5.3 For Bulk Bill Claims.*



### 5.1 For Unpaid or Part-Paid Claims

If the claim is unpaid, or part paid the benefit is not electronically payable to the claimant via the EFTPOS terminal. The EFTPOS terminal will print a lodgement receipt.

### 5.2 For Approved Fully Paid Patient Claims

You will be presented with the Medicare Applicable Benefit. Swipe the claimant's EFTPOS card to continue or press CANCEL to decline the benefit.

- If you continue, the EFTPOS rebate is processed.
- If you select cancel the terminal will print out a 'Paid Claim – Cancelled receipt.

Swipe the claimant's EFTPOS card or enter the card details

Select savings or cheque

Ask the claimant to enter their PIN and press ENTER

The terminal will then connect to the server again

If the payment transaction is successful, provide the Medicare and terminal receipts to the claimant. If a duplicate copy of the receipt is printed, this is retained by the medical practice (see Section 7.8 Receipt Setup).

If the payment transaction is declined, you may ask the claimant if they wish to try another EFTPOS card. If the payment transaction cannot be completed successfully, cancel the claim and provide the claimant with the cancelled claim receipt that is printed from the terminal and an invoice/statement for lodgement by other alternative means.

**Note:** If the EFTPOS transaction is unsuccessful (e.g. Issuer declined, User cancelled), then it may be retried – with a different EFTPOS card &/or account type (if desired).

### 5.3 For Bulk Bill

If the patient is eligible for a concessional entitlement:

- Select Accept to continue the claim
- Select decline to cancel the claim

If the patient is not eligible for a concessional entitlement:

- Select Override to continue with the claim
- Select Decline to cancel the claim

**Note:** This screen only appears if concessional entitlement verification was requested and the patient was not eligible.

The patient must view the partially printed receipt and then agree to assign the benefit payment to the practitioner by selecting 'OK, Assign Benefit'. A completed receipt will then be printed.

Where the patient declines to assign the benefit payment to the practitioner, they must select 'No, do not Assign'. If no option is selected, the claim will be reversed and should be reprocessed.

If the claim is successful, the completed Bulk Bill Assignment Advice must be provided to the patient. If a duplicate copy of the receipt is printed, this is retained by the medical practice (see Section 7.8 Receipt Setup). If the claim cannot be completed successfully, process the Bulk Bill claim by completing the respective Bulk-Bill forms in triplicate and providing copies to the patient and to Medicare Australia.

The receipt indicates that Medicare Australia has accepted the claim as valid (that is, there is no missing or invalid data), but the claim has not yet been assessed for payment. This is why the receipt shows the benefit estimate for the item, and not the actual benefit value that will be paid by Medicare Australia. Medicare Australia will assess the claim for payment later that day. During assessment it is possible that individual items may be rejected. Practitioners should verify claim payment details using Medicare Australia's Provider Hotline on 132 150.

## 6 Problems and Trouble Shooting

### 6.1 System Unavailable

If the Medicare Easyclaim network becomes unavailable, the terminal will display or print an error number between 3001 and 3999 when you attempt to process a claim. In this event, provide the claimant an account/statement and advise them to lodge their claim through an alternative channel, such as a Medicare Australia office. Bulk bill claims can be effectively claimed at the health provider, through completing the respective bulk-bill forms, and the provision of such forms to the customer, practitioner and to Medicare Australia.

### 6.2 Timeouts

If the claimant waits too long to enter their PIN after their EFTPOS card has been swiped (approximately 30 seconds), a timeout may occur, the claim will be cancelled and the terminal will return to the Medicare Easyclaim ready screen. If a timeout does occur you will need to restart the transaction from the beginning.

### 6.3 Non-standard Referral Periods

Referred services that involve a non-standard referral period cannot be claimed via Medicare Easyclaim. These must continue to be claimed using the existing claim process used by the patient or practitioner (in the case of bulk bill). This is because these claims also require a referral period, which is not yet available.

Please refer to the Medicare Easyclaim website or contact Medicare Australia eBusiness Service Centre on 1800 700 199, for information regarding services that may not be able to be claimed using Medicare Easyclaim.

## 7 Other Administrative functions

### 7.1 Updating details for providers and MBS item numbers

To alter the details of a Provider or MBS Item in the list stored in the terminal, go to the appropriate Medicare Setup menu (see Section 3 Customising Medicare Easyclaim) and select the item to change. Edit the values as needed.

To delete a Provider or MBS Item from the list stored in a terminal, go to the appropriate Medicare Setup menu (see Section 3 Customising Medicare Easyclaim) and select the item to delete. Select DELETE and press ENTER to accept.

### 7.2 Updating details on replacement terminals

If an EFTPOS terminal is replaced, the lists and settings do not carry over. To retrieve the lists set up in a previous terminal, go to the Easyclaim Setup menu in the new terminal, select Update All. This will prompt the terminal to download any previously set up lists

### 7.3 Reconciling bulk bill claims and payments

Medicare Easyclaim terminals are not able to print reports in relation to Medicare claims processed on the terminal. Individual listings of submitted bulk bill claims can be viewed using the Medicare Australia Health Professional Online Service (HPOS) that can be accessed via the internet. Use this to check whether any individual items within a claim have been rejected.

Please call the Medicare Australia e-Business Service Centre on 1800 700 199 (option 1) for further information regarding the Health Professional Online Service (HPOS).

**Note.** Bulk bill claim information can only be viewed, using the Health Professional Online Service (HPOS), 2-3 days after processing the claim.

### 7.4 LSPN Setup

The Location Specific Provider Number (LSPN) is applicable to services:

- Within “Group T2 – radiation oncology” services as described in the MBS
- Within “Category 5 – diagnostic imaging” services as described in the MBS
- Where a general practitioner has remote area exemption and performs diagnostic services.

Where these services occur, this field is to be considered mandatory.

The LSPN Setup option allows you to add, edit, delete and review current LSPNs.

#### *7.4.1 To go to the LSPN setup menu:*

1. Press MENU then press 5 for Suncorp Health and type in the operator password and press ENTER
2. Select Medicare
3. Select Setup
4. Select LSPN setup

#### *7.4.2 To add new LSPNs*

1. Select ADD
2. Key in the LSPN and press ENTER
3. Enter a short name for the LSPN and press ENTER
4. The screen will show the information entered. Check that it is correct and press ENTER
5. The screen will show the list of LSPNs. Add LSPNs as necessary and press ENTER to accept changes
6. The terminal will print a confirmation receipt once completed

#### *7.4.3 To edit LSPN details*

1. Select the LSPN you wish to edit.
2. Select the item to change.
3. Edit values as needed and Press ENTER.
4. The screen will show the information entered. Check that is correct and press ENTER.
5. This will return you to the LSPN List, press ENTER to accept changes.
6. The terminal will print a confirmation receipt once completed.

### 7.5 Equipment Setup

Relates to specific equipment that needs to be registered in order to claim certain items and is commonly applied to radiotherapy equipment.

The Equipment Setup option allows you to add, edit, delete and review current Equipment.

#### *7.5.1 To go to the Equipment Setup menu:*

1. Press MENU and press 5 for Suncorp Health and type in the operator password and press ENTER
2. Select Medicare
3. Select Setup
4. Select Equipment Setup

### *7.5.2 To add new Equipment*

1. Select ADD
2. Enter the Equipment ID Number and press ENTER
3. Enter a short name for the Equipment and press ENTER
4. The screen will show the information entered. Check that it is correct and press ENTER
5. The screen will show the list of Equipment IDs. Add Equipment as necessary and press ENTER to accept changes
6. The terminal will print a confirmation receipt once completed

### *7.5.3 To edit Equipment details*

1. Select the Equipment you wish to edit.
2. Select the item to change.
3. Edit the values as needed and press ENTER.
4. The screen will show the information entered. Check that it is correct and press ENTER.
5. This will return you to the Equipment List, press ENTER to accept changes.
6. The terminal will print a confirmation receipt once completed.

## 7.6 Referring and Requesting Provider Setup

This data is required for certain services provided by specialists, allied health or consulting physicians, where a Medicare benefit is dependent on acceptable evidence that the service has been provided following referral from another health provider.

This list is used for both Referring Providers and Requesting Providers.

The Referring and Requesting Provider Setup (listed on the terminal as "REF/REQ Prov Setup") option allows you to add, edit, delete and review current Referring and Requesting Providers.

### *7.6.1 To go to the Referring and Requesting Provider Setup menu:*

1. Press MENU then press 5 for Suncorp Health and type in the operator password and press ENTER
2. Select Medicare
3. Select Setup
4. Select Referring and Request Provider Setup

## 7.6.2 To add new Referring and Requesting Providers

1. Select ADD
2. Enter the Provider Number and press ENTER
3. Enter a short name for the Provider and press ENTER
4. The screen will show the information entered. Check that it is correct and press ENTER.
5. The screen will show the list of Providers. Add Providers as necessary and press ENTER to accept changes
6. The terminal will print a confirmation receipt once completed

**Note:** The provider number must be a full 8 characters, including letters. If a provider number is less than 8 characters, add '0' at the start to fill up the space.

## 7.6.3 To edit Referring and Requesting Provider details

1. Select the Provider you wish to edit.
2. Select the item to change.
3. Edit the values as needed and press ENTER.
4. The screen will show the information entered. Check that it is correct, and press ENTER.
5. This will return you to the Provider List, press ENTER to accept changes.
6. The terminal will print a confirmation receipt once completed.

## 7.7 SPC ID Setup

Specimen Collection Point identification number (SCP ID) applies to bulk bill pathology services only.

Under the SCP ID Setup you can add, edit, delete and review current SCP IDs.

### 7.7.1 To go to the SCP ID Setup menu:

1. Press MENU then press 5 for Suncorp Health and type in the operator password and press ENTER
2. Select Medicare
3. Select Setup
4. Select SCP ID Setup

### 7.7.2 To add new SCP IDs

1. Select ADD
2. Enter the SCP ID number and press ENTER
3. Enter a short name for the SCP and press ENTER
4. The screen will show the information entered. Check that it is correct and press ENTER
5. The screen will show the list of SCPs. Add SCPs as necessary and press ENTER to accept changes
6. The terminal will print a confirmation receipt once completed

### 7.7.3 To edit SCP ID details

1. Select the SCP you wish to edit.
2. Select the item to change.
3. Edit the values as needed, and press ENTER
4. The screen will show the information entered. Check that it is correct, and press ENTER.
5. This will return you to the SCP ID List, press ENTER to accept changes.
6. The terminal will print a confirmation receipt once completed.

## 7.8 Receipt Setup

This FUNCTION allows the setup of Single Copy or Duplicate Copy receipts for Paid Patient and Bulk Bill claims.

### *To change Receipt settings:*

1. Press MENU then press 5 for Suncorp Health and type in the operator password and press ENTER
2. Select Medicare
3. Select Setup
4. Select Receipt Setup
5. Change the receipts printing by selecting the receipt to toggle between single 'S' and duplicate 'D' receipts then select Accept.
6. The terminal will save these settings and print a confirmation receipt.

## 8 Reference

### 8.1 Claim Data Details

Below are details of the items which might be shown in step 7 (Confirm Claim Data) of Section 5 Making a Claim. Listed are all possible items that may be shown. The values displayed will vary depending on the options previously selected as well as the options entered during Setup (see *Section 3 Customising Medicare Easyclaim*).

#### 8.1.1 *Claimant*

*The Claimant option is presented for all Fully Paid, Partially Paid and Unpaid claims.* This is the person who is receiving a rebate for the Medicare Claim. Use this option to indicate a Claimant who is different from the Patient.

The default is the Patient's details. This is indicated by a 'P' (for Patient) in the right column of this line. If Claimant details do not match the Patient's, a 'C' (for Claimant) is displayed instead.

#### **If the Claimant is on the same Medicare card as the patient:**

- Select this option. Press IRN then key in the Claimant's IRN and press ENTER

#### **If the Claimant is on a different Medicare card from the patient:**

- Select this option. Select Card, swipe the Claimant's Medicare card or key in their Medicare number and press ENTER, then key in the Claimant's IRN and press ENTER

#### 8.1.2 *CEV Request*

*The CEV Request option is presented for GP, Diagnostic and Pathology Bulk Bill claims.* Under real-time Concession Entitlement Verification (CEV), Medicare Australia will validate the patient's concession entitlement, if the patient's Medicare card is valid.

The default value is 'No', indicated by an 'N' in the right column of this line. If the value is changed to 'Yes', this is represented by a 'Y' in the right column.

- Select this option then select "Yes" or "No".

#### 8.1.3 *Payee Provider*

*The different Payee Provider option is presented for all claims.* If payment for this Provider's services is to go into the bank account they have registered with Medicare, there is no need to indicate a different Payee Provider. Otherwise select a different Provider to be the Payee Provider.

A default value can be set for each Servicing Provider during Provider Setup (see *Section 3.2 Provider Setup*). If a Payee Provider has not been set, the default is 'No Payee Provider', indicated by an 'N' in the right column of this line. If a different Payee Provider's details have been entered, this is represented by a 'Y' in the right column.

**If Providers have been setup (see Section 3.2 Provider Setup):**

1. Select this option. The terminal will show the Provider List (this is the same as the list for Servicing Providers)
2. Select the Provider or N/A from the list (N/A indicates that the Servicing Provider should be the Payee Provider)
3. If the required Provider has not been added previously, select SEARCH, key in the Provider Number and press ENTER.

**If Providers have not been setup:**

- Select this option. Key in the different Payee Provider's Provider number or leave the field blank (for N/A) and press ENTER

**8.1.4 Account Reference**

*The Account Reference option is presented for Partially Paid and Unpaid claims. This is only used if to relate this claim back to the patient's account in a practice management system.*

The default is for no Account Reference data, indicated by an 'N' in the right column of this line. If an Account Reference value has been entered, a 'Y' is displayed instead.

- Select this option. Key in the Account Reference number or leave the field blank (for N/A) and press ENTER

**8.1.5 Referring Provider**

*The Referring Provider option is presented if the Service Type of the Service Provider is Specialist/Allied Health/Dental Service. The Referring Provider number cannot be the same as the Servicing Provider number.*

The default is for 'no Referring Provider'. This is indicated by an 'N' in the right column of this line. A 'Y' indicates that Referring Provider details have been entered.

- Select this option to enter the Referring Provider Details menu

**If no Referring Provider details are being indicated:**

- Select Override Type , select the Referral Override Type and then press ENTER

**Note:** The default Referral Override Type is "Not Required" (indicated by N). Other options are "Lost" (indicated by L) and "Emergency" (indicated by E).

**If Referring Providers have been set up (see Section 7.6 Referring and Requesting Provider Setup) and a Referring Provider is being indicated:**

1. Select Provider
2. Select the Referring Provider or N/A from the list OR:
3. If the required Referring Provider has not been added previously, key in the Referring Provider number and press ENTER
4. Key in the Referral issue date and press ENTER
5. Confirm that the details are correct then press ENTER

**If Referring Providers have not been set up and a Referring Provider is being indicated:**

1. Select Provider
2. Key in the Referring Provider number and press ENTER
3. Key in the Referral issue date and press ENTER
4. Confirm that the details are correct then press ENTER

**8.1.6 Requesting Provider**

*The Requesting Provider option is presented if the service offered by the provider is Diagnostic or Pathology.*

The default is for no Requesting Provider, with an override code depending on the Service type. The character in the right column indicates the override code: 'S' for Self Deemed, 'N' for Not Required, 'L' for Lost and 'E' for Emergency. A 'Y' indicates that Requesting Provider details have been indicated.

- Select this option to enter the Requesting Provider Details menu

**If no Requesting Provider details are being indicated:**

- Select Override Type, select the Request Override Type and then press ENTER

**Note:** The default Referral Override Type is "Self Deemed" (indicated by 'S') for Pathology and "Not Required" (indicated by N) for Diagnostic. Other options are "Lost" (indicated by L) and "Emergency" (indicated by E).

**If Requesting Providers have been set up (see Section 7.6 Referring and Requesting Provider Setup) and a Requesting Provider is being indicated:**

1. Select Provider
2. Select the Requesting Provider or N/A from the list OR:
3. If the required Requesting Provider has not been added previously, key in the Requesting Provider number and press ENTER
4. Key in the Request issue date and press ENTER
5. Confirm that the details are correct then press ENTER

**If Requesting Providers have not been set up and a Requesting Provider is being indicated:**

1. Press 1 "Select Provider"
2. Key in the Requesting Provider number and press ENTER
3. Key in the Request issue date and press ENTER
4. Confirm that the details are correct then press ENTER

## 8.2 Services Data Details

Below are details of the information shown in step 6 (Select Service Items) of *Section 5 Making a Claim*. Listed are all possible values that may be shown after you have selected an MBS item. The values presented will vary depending on choices made earlier in the claim and options selected from the Medicare Setup menu (see *Section 3 Customising Medicare Easyclaim*).

### 8.2.1 Amount

*The Item Amount option is presented if the claim is not Bulk Bill.* This is the full amount charged to the claimant, including the scheduled fee and any additional payment.

The value is displayed to the right of this line. If the item was not selected from a list, the default is \$0.00.

- Select this option, key in a new dollar value then press ENTER

### 8.2.2 Patient Contribution

*The Patient Contribution is presented if the claim is Partially Paid.*

The value of the patient contribution is displayed to the right of this line. The default is \$0.00.

- Select this option, key in a new dollar value then press ENTER

### 8.2.3 Date

*The Date of Service option is always presented.*

The current item's Date of Service is displayed to the right of this line. The default is today's date. If other items have been added to the claim already, the default date is the one set for those items (this allows quick entry of all claims that occurred on the same date).

- Select this option, key in a new date then press ENTER

### 8.2.4 Override Code

*The Item Override Code option is always presented.*

The default is 'N/A'. The current Item Override Code is displayed on the right of this line. Its values can be 'N/A', 'AP' (Not Duplicate Service) or 'AO' (Not Normal Aftercare).

- Select this option then select the appropriate value from the list

### 8.2.5 Restrictive Override Code

The Restrictive Override Code option is presented if the service provided is not Pathology.

The default is 'N/A'. The current item Restrictive Override Code is displayed on the right of this line. Its values can be 'N/A', 'SP' (Separate Sites), 'NR' (Not Related) and 'NC' (Not for Comparison).

- Select this option then select the appropriate value from the list

## 8.2.6 LSPN

*The LSPN option is presented if the service provided is not Pathology.*

For services that are not diagnostic, the default is for no LSPN. For a Diagnostic service this field is mandatory and has no default. The current LSPN is displayed on the right of this line ('N/A' indicates that there is no LSPN).

### **If LSPN Items have been setup (see Section 7.4 LSPN Setup):**

1. Select this option. The terminal will show the LSPN List
2. Select the LSPN or N/A from the list
3. If the required LSPN has not been added previously, press FUNCTION then select SEARCH, key in the LSPN and press ENTER

**Note:** The 'N/A' option is unavailable if Service = Diagnostics.

### **If LSPN Items have not been setup:**

- Select this option. Key in the LSPN and press ENTER

**Note:** This cannot be left blank if Service = Diagnostics.

## 8.2.7 Substituted Service

*The Substituted Service option is presented if the service provided is Diagnostic and a Requesting Provider was supplied.*

The default value is 'No', indicated by an 'N' in the right column of this line. If the value is changed to 'Yes', this is represented by a 'Y' in the right column.

- Select this option then select "Yes" or "No"

## 8.2.8 Equipment ID

*The Equipment ID option is presented if the service provided is Diagnostic.*

The default value is 'N/A'. The current Equipment ID is displayed on the right of this line ('N/A' indicates that there is no Equipment ID).

### **If Equipment Items have been setup (see Section 7.6 Equipment Setup):**

1. Select this option. The terminal will show the Equipment ID List.
2. Select the Equipment ID or N/A from the list
3. If the required Equipment ID has not been added previously, in the Equipment ID and press ENTER

### **If Equipment Items have not been setup:**

- Select this option. Key in the Equipment ID and press ENTER

### 8.2.9 SCP ID

The SCP ID option is presented if the service provided is Pathology.

The default value is 'N/A'. The current SCP ID is displayed on the right of this line ('N/A' indicates that there is no SCP ID).

**If SCP IDs have been setup (see Section 7.7 SCP ID Setup):**

1. Select this option. The terminal will show the SCP ID List
2. Select the SCP ID or N/A from the list
3. If the required SCP ID has not been added previously, key in the SCP ID and press ENTER

**If SCP IDs have not been setup:**

- Select this option. Key in the SCP ID and press ENTER

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## How to contact us



*Call*  
13 11 75



*Online*  
[suncorpbank.com.au](https://suncorpbank.com.au)



*Local  
Branch*