

MEDILINK<sup>esi</sup> 2009+ (R1.00)  
How To: Use DVA Paperless Streamlined

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## Introduction

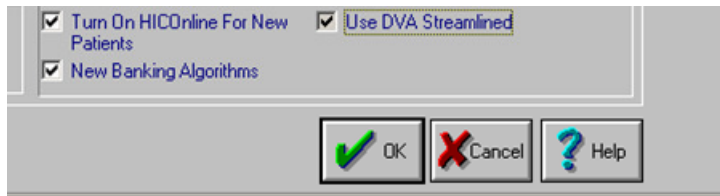
This document was written by Patrick Sims as a basic guide for users with regards to the new module, DVA Paperless Streamlined. It assumes that the reader understands current billing practices in Medilink.

Update: Please see 'Consistent Date Of Service On Invoice'.

## Transition

While we have tried to make the transition from DVA to DVA Paperless Streamlined as smooth as possible, we suggest that if you have any DVA invoices/vouchers raised that you batch them before installing DVA Paperless Streamlined.

If you do not batch them, you can turn off DVA Paperless Streamlined, and batch them as an ordinary DVA batch, by turning off the 'Use DVA Streamlined' option in 'More Options':



Just remember to turn it back on afterwards on that PC. This option will be on automatically for PCs that have DVA Streamlined registrations.

If you attempt to batch 'old' DVA invoices as a DVA Paperless Streamlined batch, you may be successful, but you may not be. It will depend on a variety of settings which have not been accounted for in the previous implementation, (which is why we recommend against attempting it).

## Billing

### GPs And Specialists

DVA Paperless Streamlined for GPs and Specialists is not overly different from that of the 'old' DVA billing:

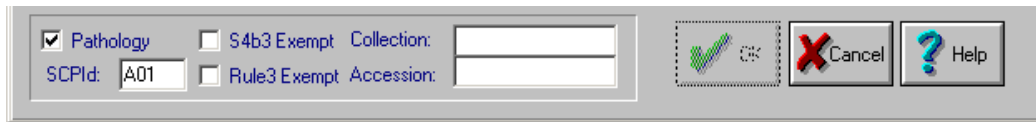
As a general rule, you should print out one copy of the form to provide to the patient. Some practices may like to continue to print out their own while for a while until they are more comfortable with the idea of using the system in a paperless manner.

The main differences between DVA and DVA Paperless Streamlined are the additional treatment locations and the white card condition field.

All claims for white card holders are required to have a description of their condition included. While this is a bit of a nuisance for billing staff, this is a DVA requirement. Please see the 'Workflow' sections below for our suggestions on how to streamline this for your practice.

## Pathology

Pathology billing has a few additional fields, the specimen collection point, two exemption rules, S4B3, and Rule3, and the specimen collection and accession datetime fields, (ddMMyyyyHHmm).



The screenshot shows a software interface for Pathology billing. It features a form with the following elements:

- Pathology
- S4b3 Exempt
- Collection:
- SCPId:
- Rule3 Exempt
- Accession:
- Buttons: A green checkmark icon, a red 'X' labeled 'Cancel', and a blue question mark labeled 'Help'.

There are a variety of rules regarding exemptions and the datetime fields, Medilink provides a basic level of error checking, but does not have rules with regards to specific item numbers and how these exemptions apply.

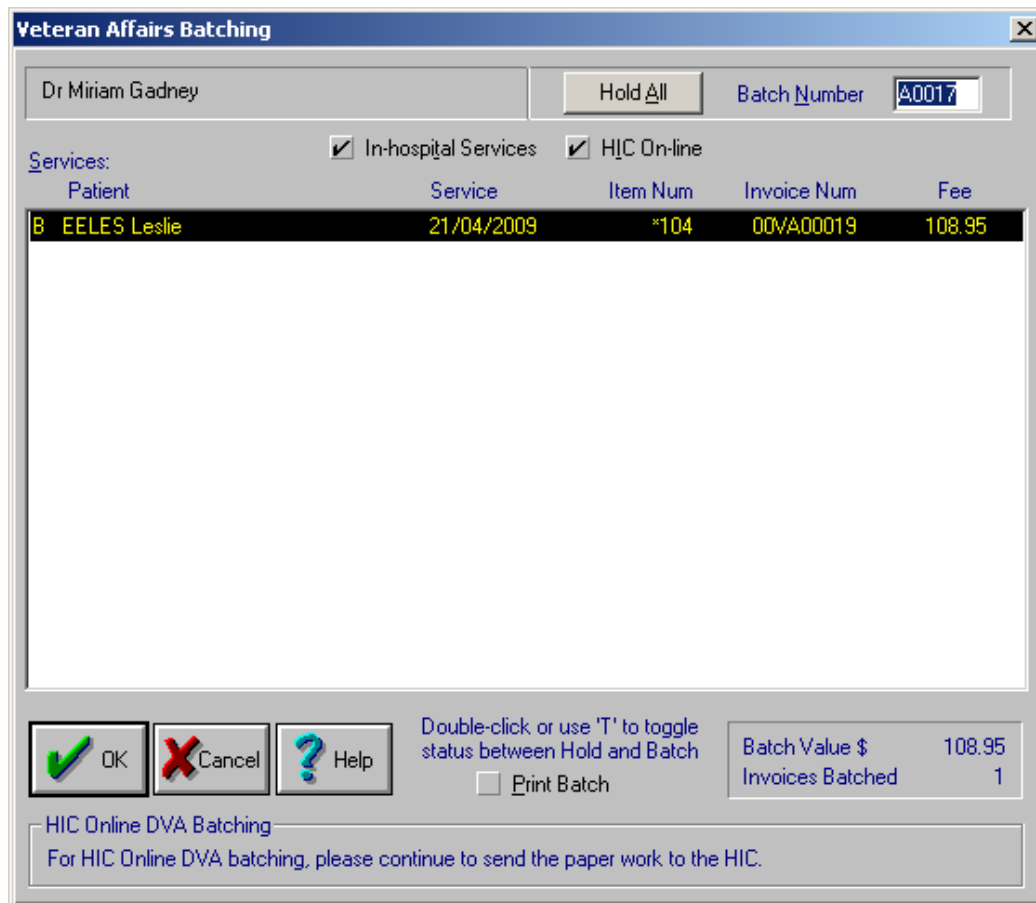
## Consistent Date Of Service On Invoice

Please note, all services on a DVA Streamlined invoice must be on the same date, otherwise you will get 9425 errors when batching. We are currently investigating ways in which we can automatically split these services to ensure that you do not get these errors.

## Batching

Batching in DVA Paperless Streamlined is much the same as previously, however, there is one key difference between it and the 'old' DVA. That is, only pathology in-hospital batches are now prefixed with the hash '#' character.

What this mean is, non-pathology claims, (i.e., most Medilink practices), will have an alpha character prefixed for all of their DVA Paperless Streamlined claims, regardless of whether or not it is in-hospital.



**Veteran Affairs Batching**

Dr Miriam Gadney      Hold All      Batch Number: A0017

Services:       In-hospital Services       HIC On-line

Patient	Service	Item Num	Invoice Num	Fee
B EELES Leslie	21/04/2009	*104	00VA00019	108.95

OK     Cancel     Help   
 Double-click or use 'T' to toggle status between Hold and Batch   
  Print Batch   
 Batch Value \$ 108.95  
 Invoices Batched 1

HIC Online DVA Batching  
 For HIC Online DVA batching, please continue to send the paper work to the HIC.

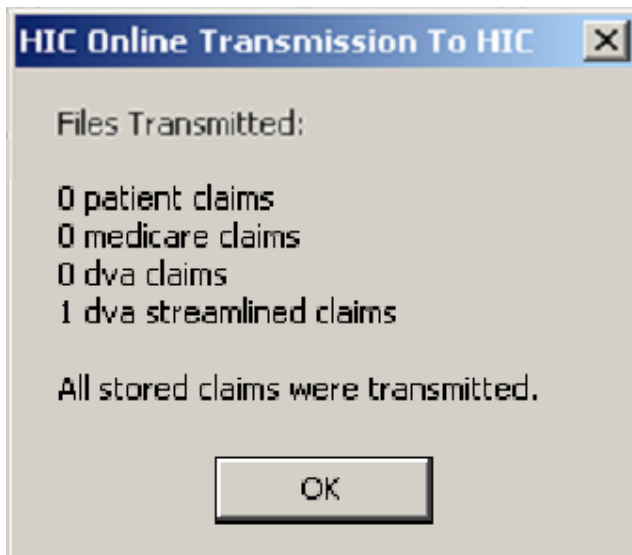
For example the batch above, previously the batch number for this claim would have looked more like '#0017' because it was in-hospital.

It also means that in-hospital and non-in-hospital invoices can be mixed for DVA Paperless Streamlined claims. However, in order to avoid confusion with normal Bulk Billing claims, we recommend that you continue to follow the existing in-hospital idea.

## Forwarding/Receiving/Processing

Forwarding, receiving and processing DVA Paperless Streamlined claims should be seamless and both old and new forms of DVA batches can exist concurrently.

You will notice separation between DVA and DVA Paperless Streamlined in various reports, ('DVA' vs. 'DVAS'). Those who manually check XML 'store' files will notice the new file extension for DVA Paperless Streamlined 'DVASStore', as opposed to 'DVASStore'.



Of course, the major difference between the old and new is that you do not need to send in your paperwork to have your DVA Paperless Streamlined claims paid, (hence the 'Paperless' part of the name).

## Workflow

### White Cards

As you know, DVA Paperless Streamlined requires that white card holder billing has additional condition data, (or 'accepted disability text').

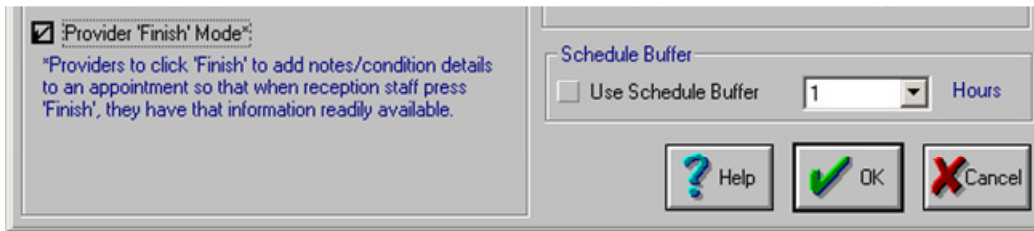
The first change with regards to this is a card type field in the edit patient dialog, ('W' - white, 'G' - gold, 'O' - orange, 'N' - none or unknown):

Setting this to 'W' or clicking the 'White Card' button will show a dialog box asking for a condition, (white card holders must have at least a single character condition in Medilink, which is why by default it is 'Unknown').

## Provider Finish

We realise that some patients may only wish to discuss condition details with their provider, regardless of the fact that this condition is required for billing in DVA Paperless Streamlined, and ultimately may be visible to administrative staff.

With this in mind, we devised a simple way for providers using Medilink to get this data to administrative staff in a quick and simple way. This is called 'Provider Finish', and it can be toggled in the 'Appointment Book Setup':



In this mode, when a provider finishes with a patient, they press finish in much the same way that administrative staff do; but rather than progress the patient to billing and filing, it simply gives the provider an interface with which to write notes and if the patient is flagged as a white card holder, the dialog to add this information too.

In this way, you can achieve even more of a streamlined and paperless system, (no need for the provider to pass paper notes or for phone calls back and forth to determine the required billing).

