ANZ HEALTHPAY™

PRIVATE HEALTH CLAIMING OPERATING GUIDE

ANZ

Contents

1. Getting Started with ANZ HealthPay

Welcome to ANZ HealthPay, providing seamless payments and claiming for healthcare practitioners.

ANZ HealthPay™ allows you to process Medicare claims, private health fund claims, and payments all through your EFTPOS terminal.

This operating guide provides in-depth information to help process private health claims. These claims are processed through DXC HealthPoint.

For information on Medicare Claims, refer to the ANZ HealthPay Medicare EasyClaim Operating Guide (link to guide here).

1.1 Introduction

For an introduction to ANZ HealthPay and Private Health Claims, read:

1. The ANZ HealthPay Terminal (page 8)

2. Quick Tips from our Health Fund Partners (page 10)

3. Detailed Guide on Processing Private Health Claims (page 12)

4. ANZ HealthPay Private Claiming Maintenance (page 44)

2. Contact Details

2.1 ANZ HealthPay Support Contacts

ANZ HealthPay Helpdesk

For EFTPOS hardware and technical difficulties or merchant account enquiries call: **1800 790 207**

Available: 24 hours, 7 days

DXC HealthPoint Website

www.dxc.technology.com/HealthPoint
The DXC HealthPoint website contains a variety of information including on private health fund claiming, item codes, user guides and more.

DXC HealthPoint Helpdesk

To report private health claim faults, instructions on processing private health claims or to add or delete providers, please call **1300 301 692**

Available: Monday to Friday, 8.00am to 6.00pm AEST, Saturday, 8.00am to 2.00pm AEST

Note. The training department operates Monday to Friday, 9.00am to 5.00pm AEST (except for public holidays).

Please assist us by having your ANZ merchant number, ANZ terminal number (found on the private health claim receipt) available when contacting the above helpdesks.

Your merchant Details:

ANZ terminal ID   ☐☐☐☐☐☐☐☐☐☐

ANZ HealthPay ID   [A][N][Z]☐☐☐☐

2.2 Merchant Enquiries

ANZ Merchant Enquiries

For general merchant enquires (account queries/changes) call: **1800 039 025**

Available: 24 hours

Manual Authorisation

For Visa/MasterCard Credit Card call: **1800 039 025**

Available: 24 hours

For Debit Cards call: **1800 039 025**

Available: 24 hours

Please have the following information ready:

- Merchant number
- Card details - card number, expiry date
- Transaction amount.

2.3 Health Fund Contacts

A full list of contact details for supported private health funds can be found on DXC HealthPoint's website - https://www.dxc.technology/au/ds/115777/115797-health_fund_contact_details

3. ANZ HealthPay Terminal

ANZ HealthPay is available on the ANZ POS Turbo 2 terminal. This guide provides detailed information on how to use private health claiming on your terminal.

For information on how to use your device for payments, please refer to ANZ POS Turbo 2 Operating Guide.

For information on how to use your device for Medicare claims, please refer to ANZ HealthPay Medicare EasyClaims Operating Guide.

https://www.anz.com.au/healthpay

3.1 The ANZ HealthPay Screen

Most ANZ HealthPay screens have the following features:

CSC

MEMBER CARD NUMBER
9036009900001230001
HBR PATIENTS: 1

SUBMIT   FUNC KEY FOR   ADD
        MORE OPTIONS

Title - Most screens have a unique title. Screen titles highlighted at the top of the screen in black.

White Key Labels - If the two outer white keys have a function on the screen, its label appears above the key. For example, submit a claim, the SUBMIT label appears above the left outer white key.

3.2 The ANZ Screen

Most procedures in this user guide start from the HealthPay terminal's ANZ screen. For example:

When the ANZ HealthPay terminal is displaying this screen, you may swipe a health fund card, Medicare card, and insert or swipe a credit, debit, or charge card.

4. Symbols

The following symbols are used in the procedures detailed in this guide.

Start
Each procedure starts with a description of what state ANZ HealthPay should be in before you work through the procedure. Most procedures start from the ANZ screen

Finish
The 'tick' indicates you've completed the procedure

End
The 'omega' symbol indicates that you've reached an end point in the procedure. You will need to start again

Please Wait
This symbol indicates that, at this point in the procedure, ANZ HealthPay makes a telephone call to the DXC HealthPoint systems to send and receive information

Tip
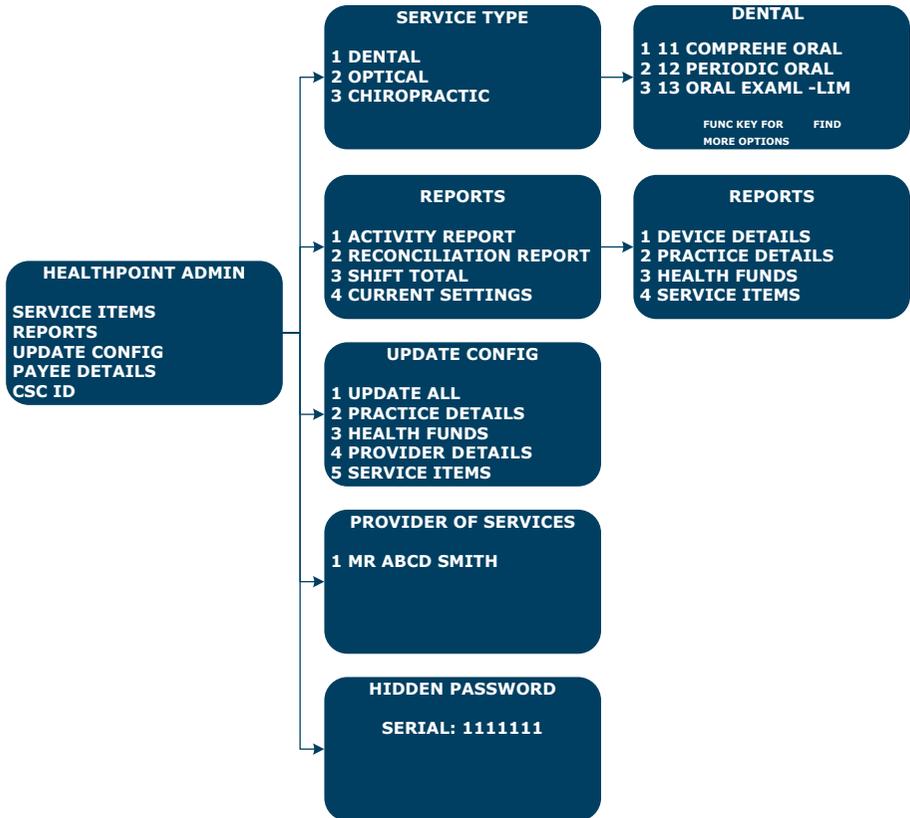This symbol indicates that there is a tip which may be of use

5. Some Tips from the Health Funds

To help you avoid some common mistakes with on-line claiming, the health funds have provided the following tips:

• Every time you swipe a patient's card and submit a private health claim, DXC HealthPoint connects to the relevant health fund and makes a live claim for your patient

• If a patient would like an estimate of the benefit they will receive for a particular service, call the patient's fund on their member services phone number. These numbers are listed on page 7 of this user guide

• If a patient disputes the amount of a rebate, cancel the claim and advise them to make a manual claim with the health fund. Cancellations must be made on the same day of service

• Whenever possible, make one claim for the whole consultation, including all the items covered. Separate claims for each individual item may mean your patient receives a reduced benefit

• If a patient is receiving a course of treatment, make claims on a consultation by consultation basis, rather than one big claim at the end of the course

• If you are unsure about which service item codes apply for a particular type of service, find them at www.dxc.technology.com/HealthPoint or consult your professional association

• You must not make a claim for a service or appliance you have not supplied. For example, you cannot claim for a pair of glasses until the patient has actually received the glasses, even if you bill the patient in advance

• You must not make claims for deposits taken when ordering appliances (e.g. dental crowns, glasses), then claim for the remainder when the appliance is supplied. Make only one claim for each appliance when the appliance is supplied

• Review the DXC HealthPoint Service Terms and Conditions to make sure you understand your legal obligations under your agreement with the health funds. If you need another copy of your terms and conditions, call the DXC HealthPoint Help Desk on 1300 301 692

• Remember that the health funds have the right to refuse to accept a claim that does not comply with their requirements. If in doubt, always consult the health fund in question.

6. ANZ HealthPay Administration Menu Map

The diagram below illustrates the various options in the ANZ HealthPay menu

SERVICE TYPE

1 DENTAL
2 OPTICAL
3 CHIROPRACTIC

DENTAL

1 11 COMPREHE ORAL
2 12 PERIODIC ORAL
3 13 ORAL EXAML -LIM

FUNC KEY FOR   FIND
MORE OPTIONS

REPORTS

1 ACTIVITY REPORT
2 RECONCILIATION REPORT
3 SHIFT TOTAL
4 CURRENT SETTINGS

REPORTS

1 DEVICE DETAILS
2 PRACTICE DETAILS
3 HEALTH FUNDS
4 SERVICE ITEMS

HEALTHPOINT ADMIN

SERVICE ITEMS
REPORTS
UPDATE CONFIG
PAYEE DETAILS
CSC ID

UPDATE CONFIG

1 UPDATE ALL
2 PRACTICE DETAILS
3 HEALTH FUNDS
4 PROVIDER DETAILS
5 SERVICE ITEMS

PROVIDER OF SERVICES

1 MR ABCD SMITH

HIDDEN PASSWORD

SERIAL: 1111111

7. Detailed User Guide

7.1 Creating an ANZ HealthPay claim against a Health Fund

7.1.1 Overview

Use this procedure to create a private health claim and submit it to a fund, on behalf of your patient. On conclusion, a private health claim receipt is printed for both your practice records and your patient.

> ℹ️ The private health claim receipt is a paper record of the claim sent to the health fund via DXC HealthPoint.

Note: The patient must have a valid health fund card and be present at the time of claim.

7.1.2 Step-by-Step Guide

> Start from the ANZ screen

ANZ HEALTHPAY™
ANZ

Step A. Swipe the patient's health fund card

    A.1 If the swipe is successful, and the HealthPay terminal displays the PATIENT REF NO screen proceed to Step B

    A.2 If the card won't swipe, you cannot proceed with the claim. Please inform your patient that you are unable to process the private health claim on their behalf as their card is not registering. Ω

```
PATIENT REF. NO
```

Step B. Enter the patient reference number (on their health fund card, to the left of their name), then press **ENTER**

   B.1   If this is the first patient, go to Step C

   B.2   If this is a subsequent patient, go to Step D.

Note: You do not have to enter a 'leading' zero. For example, if the patient is numbered 01 on the card, just enter 1 into HealthPoint.

> ℹ   If the patient reference number is not shown on the card (e.g. on some older Medibank Private cards), derive it from the patient's position in the list of patients on the card. Start with patient 1 at the top of the list. Count down the first column and then down the second column, until you reach the patient you are referring to.

```
PROVIDER OF SERVICES

1 GEN DENTIST
2 OSTEO PROV
3 OPTICAL PROV
```

Step C. Select the servicing provider

   C.1   The ANZ HealthPay terminal displays the PROVIDER OF SERVICE screen

   C.2   Select the servicing provider from the list by pressing the corresponding number key

   a)   If the provider is not on the first screen, see more screens of providers, by pressing the white arrow keys

   b)   If the provider is not available on the ANZ HealthPay terminal – you will need to update your practice details. See Section 8.5 - Practice Maintenance Ω

   C.3   The terminal screen displays a list of services applicable to the provider selected. For example, if you selected a provider who is a Dentist, the services displayed might look like this:

```
1 11 COMPREHE ORA
2 12 PERIODIC ORA
3 13 ORAL EXAM


         FUNC KEY FOR    FIND
         MORE OPTIONS
```

Step D. Add up to 16 service items to the health claim

D.1 Find a service item

a) Option 1: Navigate through the list using the white arrow keys to find the service item. When the item is displayed on the screen press the corresponding number key to select it. Go to Step D.2

b) Option 2: Search for the item, by selecting **FIND**

```
KEY SERVICE

  ITEM CODE



```

b1. ANZ HealthPay displays the KEY SERVICE screen

b2. Enter the item code and press **ENTER**

b3. If the item is not found, go to Step D.4

b4. If the item is found, ANZ HealthPay displays the selected ITEM SUMMARY screen. Choose an option below:

b4(1).   To add the service item as is. Go to Step D.2

b4(2).   To adjust the service item. Go to Step D.6

```
SELECTION PATIENT 1

1 11 COMPREHE ORAL E



        FUNC KEY FOR    ADD
         MORE OPTIONS
```

D.2   Add service item

   a) Press **ENTER** to add the item to the claim

   b) ANZ HealthPay displays the SELECTION PATIENT * screen

This screen shows the items you have added to the claim for the current patient.

D.3   Add / edit items for the current patient

   a) If nothing further is required – press **ENTER** to make the claim, ANZ HealthPay displays the HEALTH FUND SUMMARY screen. Go to Step E

   b) If items need to be added / edited – choose the relevant option below –

      b1. To add another item – select **ADD**. Go to Step D.1

      b2. To edit an item, navigate to the item using the arrow keys and select the number key corresponding to the item. Go to Step D.6

      b3. To remove an item from your list. Go to Step D.7

      b4. To check your current list of items, navigate up and down using the arrow keys. When finished, return to Step D.3.

```
ITEM NOT FOUND

   ADD ITEM?


No       FUNC KEY FOR    ADD
          MORE OPTIONS
```

D.4   If the Item is not found in your list, ANZ HealthPay displays the ITEM NOT FOUND screen

   a) To add an ad-hoc item to this claim, but not your regular list of items select **ADHOC**. Go to Step D.5

   b) To add an item both to this claim and your regular list of items, press **FUNC**, then select **YES**. Go to Step D.5

> ℹ   All changes made to this item will be saved in your standard list.

   c) To return to the KEY SERVICE screen (without adding the item), select **NO**. Return to D1.b1.

```
COMPREHE ORAL EXAM

1 DATE:      DD/MM/YYYY
2 FEE:            $0.00
3 TOOTH NUMBER:

  COPY 1                 DISCARD
```

D.5 Add new service item to claim

a) To add the item as is, press **ENTER**

b) To make a copy of current item, select **COPY ***

b1. ANZ HealthPay copies the item, as displayed on the screen, to your claim

b2. ANZ HealthPay then displays the copy of the item on the screen as a new current item. ANZ HealthPay displays the number of copies made next to the COPY key

b3. You can now make changes to this new copy of the item. To edit the item. Go to Step D.6.

> **ⓘ** The copy function is particularly useful if the only changes made to the item are to enter a different body part or tooth number.

c) To discard the item, select **DISCARD**. ANZ HealthPay returns to the KEY SERVICE screen. Keep pressing the **CLEAR** button until you return to the SELECTION PATIENT screen. Return to Step D.3.

D.6 Adjust service items

a) Choose the relevant option below:

a1. To adjust the date of Service – go to Step D.6.b)

a2. To adjust the Fee for the Service – go to Step D6.c)

a3. To adjust the Description for the Service – go to Step D6.d)

a4. To adjust the Tooth Number for the Service – go to Step D6.e)

a5. To adjust the Body Part for the Service – go to Step D6.f).

```
SERVICE DATE

1 TODAY
2 YESTERDAY
3 OTHER
```

b) Option 1: To adjust the date of service, press the number key next to DATE

b1. ANZ HealthPay displays the SERVICE DATE screen

b2. Select the date of service from the list by pressing a number key

b2(1) Press 1 for Today

b2(2) Press 2 for Yesterday

b2(3) Press 3 for another day, then enter the date in the format DDMMYYYY (day month year, with no spaces in between), then press ENTER

Note: A claim cannot be made for a service to be delivered at a future date.

b3. To continue adjusting the item, return to Step D.6.a), otherwise go to Step D.6.g).

```
SERVICE FEE

11 COMPREHE ORAL
     EXAM
     $0.00
```

c) Option 2: To adjust the fee for this service, press the number key next to FEE

c1. ANZ HealthPay displays the SERVICE FEE screen

c2. ANZ HealthPay displays the fee stored in the item list. Enter the correct fee by typing over the fee displayed, and then press ENTER

Note: The fee entered must always be equal to the amount actually charged to the patient including discounted amounts.

> ⓘ Adjusting the fee will only modify the fee for the current transaction.

c3. To continue adjusting the item. Go to Step D.6.a) otherwise go to Step D.6.g).

d) Option 3: To adjust the description, press the number key next to DESCRIPTION

d1. ANZ HealthPay displays the SERVICE DESCRIPTION screen

d2. Enter the item's name and then press **ENTER**

> **ℹ** Press the key labelled with the letter one or more times, according to the letter's position. For example, the 2 key is labelled 'ABC'. To enter A, press 2 once, to enter B, press 2 twice, and to enter C, press 2 three times.

d3. To continue adjusting the item. Go to Step D.6.a), otherwise go to Step D.6.g).

TOOTH NUMBER

11 COMPREHE ORAL EXAM

e) Option 4: To adjust the tooth number (Dentists only), press the number key next to TOOTH NUMBER

e1. ANZ HealthPay displays the TOOTH NUMBER screen

e2. Enter the two digit ADA (Australian Dental Association) standard tooth number, and then press **ENTER**

e3. To continue adjusting the item. Go to Step D.6.a), otherwise go to Step D.6.g).

BODY PART

500 INITIAL CONSULT

f) Option 5: To adjust the body part (Physiotherapists only), press the number key next to BODY PART

f1. ANZ HealthPay displays the BODY PART screen

f2. Enter the body part for this item, and then press **ENTER**

f3. To continue adjusting the item. Go to Step D.6.a), otherwise go to Step D.6.g).

g) Add adjusted item

    g1. Choose an option below:

        g1(1)   Option 1: To add the updated item to your claim, press **ENTER**

        g1(2)   Option 2: To discard the changes made, press **DISCARD.**

    g2. ANZ HealthPay returns to the item list screen for the current patient – go to Step D.3.

D.7 Remove service item from claim

a) Find the service item you want to remove by using the arrow keys

b) Press the number next to the service item. ANZ HealthPay displays the Item Summary screen

c) Select **DISCARD**

d) The item is removed from the screen. ANZ HealthPay returns to the item list screen for the current patient – go to Step D.3.

Step E. Review claim

E.1 To make the claim with the items displayed, go to Step F

E.2 To see a summary of the claim, use the arrow keys to navigate up and down. Return to the top of the screens to make your claim. Go to Step F

E.3 To add another patient, select **ADD**. Return to Step B.

Step F. Submit your claim

F.1 To submit this private health claim to the appropriate health fund, select **SUBMIT**

```
              CSC

MEMBER CARD NUMBER
9036009900001230001
HBR PATIENTS: 1

  SUBMIT    FUNC KEY FOR    ADD
            MORE OPTIONS
```

F.2 The ANZ HealthPay terminal attempts to make a connection to the DXC HealthPoint systems, and displays a message on the screen, which indicates what it is currently doing. These messages include:

• CONNECTING TO HOST

• SENDING PLEASE WAIT

• RECEIVING PLEASE WAIT

• PRINTING PLEASE WAIT

```
                    CSC

            CLAIM APPROVED
             REBATE $45.00
               GAP $20.00

    ACCEPT    FUNC KEY FOR    REJECT
               MORE OPTIONS
```

a) OUTCOME 1: Claim is successful

    a1. If the claim submission is successful, the ANZ HealthPay terminal prints a copy of the claim receipt (including the assessment) and displays the HEALTH FUND 'assessment' screen. Go to Step G.

The printed assessment shows the health fund's responses to each item and to the claim as a whole.

A response of '00' or '0000' means the claim or item has been approved. Explanations of the other responses are detailed in Appendix A: Health Fund Responses (see page 67).

    b) OUTCOME 2: Health fund rejects the claim

        b1. If the health fund has rejected the claim, see page 67 for Health Fund Responses to HealthClaims for information on what to do next. END Ω

    c) OUTCOME 3: Error occurs during transmission

        c1. If an error occurs during the claim submission, ANZ HealthPay displays the relevant error screen. For example:

```
                    CSC

         CLAIM FAILED DUE TO
             RECEIVE ERROR
           HostMar: Dial(3) 18

    DISCARD   FUNC KEY FOR    RETRY
               MORE OPTIONS
```

> **ℹ** Most errors that occur during a claim submission are one-offs. We recommend you try again (press RETRY).

        c2. Choose the appropriate option below:

           c2(1) To resubmit the claim:

              i. Select **RETRY**, ANZ HealthPay tries to send the claim again

              ii. If the error occurs again, call the DXC HealthPoint Help Desk on 1300 301 692. END Ω

c2(2) To discard the claim completely:

    i   Select **DISCARD**

    ii   ANZ HealthPay discards the claim completely, and then returns to the ANZ screen. You will need to restart the claims process from Step 1).

c2(3) To process a manual claim:

    i.   Select **MANUAL**

    ii.   ANZ HealthPay will stop processing the health claim, and the patient will need to make a manual claim with their health fund to secure their rebate. Go to 8.

Step G. Advise the patient of the health fund's rebate on the claim and ask them if they accept it

Note: If you press FUNC and select PRINT, HealthPay prints another copy of the receipt.

G.1 If the patient accepts it:

a) Have the patient sign the health fund assessment

b) Verify the patient's signature and write your initials on the assessment

c) File the patient-signed and verified assessment. Retain for two years

d) Select **ACCEPT**, go to Step 8.

G.2 If the patient rejects it:

a) Select **REJECT**

b) The ANZ HealthPay terminal attempts to make a connection to the DXC HealthPoint systems to send a claim rejection (similar process to the claim submission)

b1. If successful, go to G2.c)

b2. If an error occurs during the claim submission, ANZ HealthPay displays the HEALTH FUND 'failed submission' screen, and will ask you if you want to print a manual receipt. Error messages include:

- Fund Busy

- Fund Unavailable

- System Problem B

- Link Down

- RDX Disconnect

b2(1) Answer the question 'Do you wish to print a manual receipt?':

    i.   Select **DISCARD**, ANZ HealthPay discards the rejection, and then returns to the ANZ screen. END Ω

> As the claim submission process was not completed, there is no record of the claim. The entire transaction is cleared from the ANZ HealthPay terminal. You may like to try again in a few minutes to see if the health fund becomes available.

  ii. If you press **RETRY**, ANZ HealthPay will try tries to REJECT the claim again. If this is unsuccessful, contact the health fund to confirm or log a request for the DXC HealthPoint team to investigate.

c) After ANZ HealthPay has finished rejecting the claim and receiving the health fund's response, it prints a copy of the rejection receipt

  c1. If the health fund does not accept the rejection, see Health Fund Responses to HealthClaims for information on what to do next. END Ω

  c2. If the health fund accepts the claim rejection, the ANZ HealthPay terminal displays the VOID APPROVED screen.

  For example:

CSC

**VOID APPROVED
WHAT DO YOU WANT TO
DO WITH CLAIM?**

DISCARD   FUNC KEY FOR   MANUAL
MORE OPTIONS

---

  c2(1)   Answer the question on the VOID APPROVED screen

  i. To discard your claim – select **DISCARD**, the terminal returns to the ANZ HealthPay screen. You have discarded the claim you were submitting. END Ω

  ii. To make a manual claim – select **MANUAL**, the patient should make a manual claim with their health fund. Go to Step H

  iii. To adjust your claim – press **FUNC**, then select **ADJUST**, ANZ HealthPay returns to the HEALTH FUND summary screen. Navigate to the items you wish to adjust and submit it again. Return to Step F. Submit your claim.

```
CURRENT GAP $20.00

ENTER DEPOSITS RECV

        $0.00
```

Step H. The ANZ HealthPay terminal displays the ENTER DEPOSITS RECEIVED screen.

> H.1 If you have already received monies from the patient, perhaps by way of a deposit or down payment, enter that amount, and then press **ENTER**

> H.2 If there was no deposit paid, leave the amount as zero and press **ENTER**

> H.3 The ANZ HealthPay terminal adjusts the gap amount by the amount you just entered.

Step I. Monies Owing

> I.1 Option 1: If there are monies owing to the service provider (because the rebate did not cover the fees for the services rendered), The ANZ HealthPay terminal displays the METHOD OF PAYMENT screen.

> For Example:

```
METHOD OF PAYMENT

HOW DOES THE PATIENT
WANT TO PAY THE GAP?
      $20.00

EFTPOS    FUNC KEY FOR    CASH
          MORE OPTIONS
```

> a) Select the payment method:

> > a1. To allow the patient to pay by EFTPOS, select **EFTPOS**, and process the EFTPOS transaction according to the Merchant Operating Guide. If your ANZ HealthPay terminal is multi merchant, you will be required to select the merchant for payment. Go to Step J

> > ℹ If you have your ANZ HealthPay terminal connected via a phone line you will be required to swipe or insert card for the EFTPOS transaction. You will be unable to process tap cards in this mode.

> > a2. To allow the patient to pay by cash, select **CASH**. Go to Step J

> > a3. To allow the patient to pay by invoice, press **FUNC**, then select **INVOICE**, ANZ HealthPay will print accounts. Go to Step J.

> > ℹ The receipt prints out the remaining gap. The practice will need to decide how they wish to process this remaining gap.

I.2 Option 2: If there are monies owing to the patient (for example, if the patient has overpaid), ANZ HealthPay displays the METHOD OF PAYMENT screen

  a) Select the payment method:

   a1. To refund the patient to via EFTPOS, select **EFTPOS**, and process the EFTPOS transaction according to the ANZ POS Turbo 2 Merchant Operating Guide. If your ANZ HealthPay terminal is Multi merchant, you will be required to select the merchant for payment. Go to Step J

   a2. To refund cash to the patient, select **CASH**. Go to Step J.

DID THE RECEIPT PRINT CORRECTLY?

EFTPOS   FUNC KEY FOR   CASH
          MORE OPTIONS

Step J. ANZ HealthPay will print the relevant receipts, then ask if the receipt is printed correctly

  J.1 If the receipt is correct, select **Yes, Done.** Give the receipt to the patient. The ANZ HealthPay terminal returns to the ANZ screen

  ☑ You have finished creating a private health claim

  J.2 If the receipt did not print correctly, select **No, Reprint**. Return to Step J

  J.3 If the receipt did not print correctly, and it is not required, press **FUNC** then select **No, Skip**. The ANZ HealthPay terminal returns to the ANZ screen

  ☑ You have finished creating a private health claim.

7.1.3 Claim Receipt Example

HealthPoint

CSC Secondary

ABN:
LEVEL 68 88 COLLINS ST, DOCKLANDS VIC 3008
MELBOURNE
DOCKLANDS VIC 3008 ———————— Name of health fund
Telephone: 0386556759
Customer ID: ANZ99031 ————— Your OPT number and claim reference number

———————————————————————

CSC Test Fund

Claim Recpt No: ANZ99031 0000260
Date Processed: 08/01/2015 09:53

(This receipt acknowledges an electronic claim
accepted by the above Health Fund through CSC
HealthClaims)

Membership No: 0000000000

Member Card No: 9036009901001230001

Provider: MR PRIYANKA SHINDE

Provider No: 4855802F
Type of Services: DENTAL
Services Claimed:

| Item Description | Charge | Benefit | Fees charged, rebate the fund will pay, item response code
Patient ID: 01
08/01/2015
  0011 COMPREHE ORAL EXAM $115.00 $91.00 00
  0025 INTR XRAY OCCLUSN $88.00 $88.00 00
———————————————————————
CLAIM TOTAL $203.00 $179.00 00 ———————— Claim response gap

GAP TOTAL $24.00 ——————— Description of each response code is printed on the
                                       receipt
Assessment Codes
00 APPROVED
00 APPROVED

                AMOUNT OWING $24.00
                      PAID BY CASH

Declaration by Member:
I declare that the services shown on this claim
have been provided, are non-comparable, and
meet all Fund rules. I authorise the Fund to pay
a rebate directly to the provider and to verify
any aspect of this claim with the provider.

Signature
of Member _____ ———————— Patient signs here

Verified
by operator _____ ——————— Write your initials here

———————————————————————
        Touch Tn Id: 4563471906

7.2 Cancelling an ANZ HealthPay Claim

7.2.1 Overview

The ANZ HealthPay terminal allows you to cancel a private health claim processed by DXC HealthPoint on the same day that it was submitted. A private health claim can only be cancelled if:

- The patient is at your practice, and you have their health fund card

- The claim was submitted earlier in the day. (Note: The day ends at midnight and is based on Sydney, Australia time)

- The private health claiming service is available. (Note: This varies based on the health fund's agreed operating hours).

> **ⓘ** Once you have printed a reconciliation report for a day, you can no longer cancel claims on that report through the ANZ HealthPay terminal.

7.2.2 Step-by-Step Guide

> Start from the ANZ screen.

ANZ HEALTHPAY™

ANZ

Step A. Press **ENTER**. The ANZ HealthPay terminal displays the EFTPOS menu

Step B. Scroll down, and press the corresponding number for SERVICES

Step C. Press 1 for HealthPoint

Step D. Press 2 for cancel claim

CANCEL CLAIM

OPERATOR ID?

D.1   If required, enter your four digit operator ID, then press **ENTER**

Step E. Find the claim to cancel

KEY ID NUMBER ON

**RECEIPT, OR SWIPE
PATIENT CARD**

E.1 The ANZ HealthPay terminal will display the find claim screen

To find a specific claim, you have two options

> E.2 Option 1: Find using the claim receipt number
>
> > a) Enter the claim receipt number, which you can find on the top of the
> > printed copy of the claim, and press **ENTER**

HealthPoint

CSC Secondary

ABN:
LEVEL 6B 88 COLLINS ST, DOCKLANDS VIC 3008
MELBOURNE
DOCKLANDS VIC 3008
Telephone: 0386556759
Customer ID: ANZ99031

CSC Test Fund

Claim Recpt No: ANZ99031 | 0000260 |—— Key in this number
Date Processed: 08/01/2015 09: 53

Note: You only need the second part of the number after the space.

Note: You do not need to key in all of the zeros at the front of the claim number. For example, to find claim 000020, you only need to key in 20.

> > b) DXC HealthPoint retrieves the claim and displays it on the ANZ HealthPay
> > terminal. Go to Step F.
>
> E.3 Option 2: Find a claim associated with a membership
>
> > a) To find a claim associated with a membership, swipe the health fund card
> > used to submit the claim
> >
> > b) The ANZ HealthPay terminal will connect to the DXC HealthPoint claim
> > server and find all the claims associated with the membership card,
> > submitted on the current day
> >
> > c) If more than one claim was submitted, press **FUNC** and select **NEXT** to
> > navigate to through the claims, until the appropriate claim is reached. Go
> > to Step F.

Step F. To cancel this private health claim with the appropriate health fund, select **PROCEED**.

Note: If the patient is no longer at your practice and you do not have their card, you CANNOT cancel the claim. The health funds only permit cancellation if you use the health fund's card in the presence of the patient on the same day that the claim was submitted.

```
000902          ITEMS:1
DR DENTIST ONE
TOTAL          $10.00
DD/MM/YYYY  SUCCESS


  MORE              PROCEED
```

> F.1   If you have already swiped the patient's card to find the claim. Go to Step G

> F.2   If you have found the claim by entering the claim ID, the ANZ HealthPay terminal displays the CANCEL FUND CLAIM screen

```
 CANCEL FUND CLAIM

     CSC FUND
BENEFIT         $10.00
SWIPE MEMBER'S CARD
```

> a) Swipe the patient's card

> b) The ANZ HealthPay terminal attempts to make a connection to the DXC HealthPoint systems

> c) If successful, go to Step G

> d) If an error occurs during the claim submission, The ANZ HealthPay terminal displays the HEALTH FUND 'failed submission' screen

```
        CSC

CLAIM FAILED DUE TO
    RECEIVE ERROR
  HostMar: Dial(3) 18

DISCARD    FUNC KEY FOR    RETRY
          MORE OPTIONS
```

> d1. Answer the question by pressing the blue FUNCTION key for the slide out menu

> d2. If you select **RETRY**, ANZ HealthPay tries again to cancel the claim

> d3. If you select **DISCARD**, ANZ HealthPay discards the attempt to cancel the claim, and then returns to REVIEW CLAIM screen.

Step G. The ANZ HealthPay terminal processes the cancellation and prints a copy of the cancellation receipt. The receipt shows the health fund's responses to the cancellation. A response of '00' means the cancellation has been accepted and approved.

> **Note:** Explanations of the other responses are detailed in the Cancellation and Rejection Responses section of Appendix A: Health Fund Responses.

G.1   The ANZ HealthPay terminal displays the PRINT CONFIRMATION screen
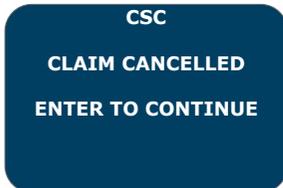
```
DID THE RECEIPT PRINT
      CORRECTLY?


YES      FUNC KEY FOR      NO, REPRINT
         MORE OPTIONS
```

G.2   If it has printed incorrectly, select **NO, REPRINT**

G.3   Otherwise, select **YES, DONE,** another copy of the receipt will print.

Step H. The ANZ HealthPay terminal displays the PRINT CONFIRMATION screen.

H.1   If it has printed incorrectly, select **NO, REPRINT**

H.2   Otherwise, select **YES, DONE**. The ANZ HealthPay terminal displays the claim cancelled screen

```
          CSC

    CLAIM CANCELLED

  ENTER TO CONTINUE
```

H.3   Press **ENTER** to return to the ANZ screen.

Step I. Sign Receipts.

I.1   Have the patient sign the cancellation receipt

I.2   Verify the patient's signature and write your initials on the cancellation receipt

I.3   File the patient-signed and verified cancellation receipt. Retain for two years

☑ You have finished cancelling a private health claim.

7.2.3 Cancellation Receipt Example

HealthPoint

CSC Secondary

ABN:
LEVEL 68 88 COLLINS ST, DOCKLANDS VIC 3008
MELBOURNE
DOCKLANDS VIC 3008
Telephone: 0386556759
Customer ID: ANZ99031

CSC Test Fund ————————————— Name of health fund

Cancellation of

Claim Recpt No: ANZ99031 0000260
Date Processed: 08/01/2015 09:54

(This receipt acknowledges the cancellation of
an electronic claim accepted by the above Health
Fund through CSC HealthClaims)

Membership No: 0000000000

Member Card No: 9036009900001230001

Provider: MR PRIYANKA SHINDE

Provider No: 4855803F
Type of Services: DENTAL
Services Claimed:

                         Charge Benefit
01,08/01/2015,0011,COMPREHE ORAL
EXAM,$115.00,$91.00,00
01,08/01/2015,0025,INTR XRAY
OCCLUSN,$88.00,$88.00,00 ————— Items being cancelled

CANCELLED $203.00 $179.00 00

Assessment Codes
00 APPROVED ——————————— Description of each response code is printed on
00 APPROVED   the receipt

Declaration by Member:
I acknowledge that the Fund has cancelled the
above claim at my request and accept that the
Fund will not pay the indicated rebate to the
provider as originally claimed for the services
rendered.

Signature
of Member ----------------------------- ————— Patient signs here

Verified
by operator ----------------------------- ————— Write your initials here

----
    Touch Tel ID: 4562471963

7.3 Reporting

7.3.1 Overview

The ANZ HealthPay terminal provides three types of reports in order to aid you with reconciliation at your practice. The available reports are:

• HealthClaims Shift Total Report

• HealthClaims Reconciliation Report

• HealthClaims Activity Report.

For more information, see the corresponding sections below:

7.3.2 HealthClaims Shift Total Report

The HealthClaims Shift Total Report, allows you to break up your reporting throughout the day to allow for running totals. The Shift Total Report can be printed on the claim date to allow for reconciliation on the same day as claim submission.

The HealthClaims Shift Total Report is DXC HealthPoint's record of the claims sent through to each health fund during a shift. By executing the report:

• All the transactions from the shift are printed

• A new shift is started.

> ℹ A shift starts from the beginning of the day, until the first Shift Total Report is printed. Subsequent shifts are from the end of the previous shift, to the next Shift Report

Multiple shift reports can be printed during the day. However, each claim will only appear on one Shift Total Report.

> ℹ If you print more than one Shift Report for a day, be sure to add the totals when reconciling with the Reconciliation and/or the Activity Report

HealthPoint

Shift Totals Report

CSC Secondary

ABN:
LEVEL EB 8B COLLINS ST, DOCKLANDS VIC 3008
MELBOURNE
DOCKLANDS VIC 3008
Telephone: 0386556759
Customer ID: NR299031

Date of Claims: 08/01/2015
Period Covered: 00:00 - 10:00 ——— Time span of shift on the report

Claims by Provider:

Receipt Services Charge   Benefit   Gap Code
Provider: MR PRIYANKA SHINDE Type: DENTAL
Fund: CSC TEST FUND ——— Each health fund is listed for each provider

0000260 2	$208.00	$179.00	00
	-$208.00	-$179.00	*CANCELLED*
0000261 2	$245.90	$245.90	$0.00 00
0000262 2	$195.00	$171.00	$24.00 00
Fund Total	$440.90	$416.90	$24.00
Total	$440.90	$416.90	$24.00

One line for each claim. One line for each void or cancellation

Total for this fund, for this provider, for this shift
Total for all claims for this provider, for this shift

Provider: MR IAN BOWRIDGE Type: DIETETIC
Fund: CSC TEST FUND

0000263 1	$500.00	*REJECTED*	$500.00 21
0000264 1	$50.00	$50.00	$0.00 00
0000265 1	$63.00	$63.00	$0.00 00
Fund Total	$613.00	$113.00	$500.00
Total	$613.00	$113.00	$500.00

TOTAL FEES $1051.90 $529.90 $524.00

TOTAL REBATE $529.90

Summary of Claims:

	Number	Amount
Accepted by Fund:	5	$708.90
Rejected by Fund:	1	$0.00
Total Submitted:	6	$708.90
Claims Voided:	0	$0.00
Claims Cancelled:	1	$179.00

These totals should reconcile with the activity report for the day

        *** END OF REPORT ***

----------   --------------------
      . ... No. 4562472128

7.3.3 HealthClaims Reconciliation Report

The HealthClaims Reconciliation report is DXC HealthPoint's record of the claims sent through to each health fund during a particular day. Each provider is shown in a separate section. The Reconciliation Report can be printed once for any given day, and is available to be printed the following day.

Once you have printed today's Reconciliation Report, you can no longer cancel claims on that report through the ANZ HealthPay terminal. DXC HealthPoint recommend that you print this report at close of business.

HealthPoint

```
***TRAINING MODE***
Reconciliation Report

CSC Secondary

ABN:
LEVEL 6B 6B COLLINS ST, DOCKLANDS VIC 3008
MELBOURNE
DOCKLANDS VIC 3008
Telephone: 0381556759
Customer ID: AU299031

----------------------------
Date of Claims: 01/12/2012    ————— Date selected for the report
Period Covered: 00:00 - 23:59

Claims by Provider:
Receipt Services Charge   Benefit    Gap Code
Provider: MR RHYS DONOVAN Type: OSTEOPATHY
Fund: HOSPITAL CONTRIBUTIONS    ————— Each health fund is listed for each provider
FUND AUST. LTD
0001115 I     $30.00    $30.00    $50.00 00  ————— One line for each claim. One line for each void
Fund Total    $30.00    $30.00    $50.00              or cancellation
Fund: NIB HEALTH FUND LIMITED
0001116 I     $80.00    $52.00    $28.00 GD
Fund Total    $30.00    $52.00    $28.00
Total        $160.00    $82.00    $70.00
Provider: MS KATHLEEN TAYLOR Type: REMED MASSAGE
Fund: AUSTRALIAN UNITY HEALTH
LTD
0001117 I     $80.00    $25.00    $55.00 00
Fund Total    $80.00    $25.00    $55.00  ————— Total for this fund, for this provider, for this day
Total         $80.00    $25.00    $55.00
Provider: MS SONYA BLANCO Type: REMED MASSAGE
Fund: MEDIBANK PRIVATE LTD.
0001118 I    $110.00   *REJECTED*  $110.00 12
Fund Total   $110.00    $0.00     $110.00
Total        $110.00    $0.00     $110.00  ————— Total for all claims for this provider, for this day
TOTAL FEES   $350.00   $107.00    $243.00

TOTAL REBATE          $107.00
Summary of Claims:
                  Number   Amount
Accepted by Fund:    3     $107.00
Rejected by Fund:    1       $0.00  ————— These reconciliation totals should match those
Total Submitted:     4     $107.00        shown on the activity report for this day
----------------------------  ------
      Touch T is IP: 1
```

7.3.4 HealthClaims Activity Reports

The HealthClaims Activity Report shows totals for the claims, voids (rejections), and cancellations made during a particular day. The report is created by the DXC HealthPoint at the end of each working day and will be available for you to retrieve on the next working day.

You may retrieve reports at any time. If there are no reports waiting for you to retrieve, there is no harm done.

If you printed more than one SHIFT TOTAL report during a day (e.g. because you had a change in staff), add the totals of all the SHIFT reports before reconciling with the Activity Report. There is only ever one Activity Report per day.

Private Health Claims Activity Report

HealthPoint

```
        ***TRAINING MODE***
CSC Activity Report

CSC Secondary

ABN:
LEVEL 68 88 COLLINS ST, DOCKLANDS VIC 3008
MELBOURNE
DOCKLANDS VIC 3008
Telephone: 03865567759
Customer ID: ANZ99031
-----------------------------------
Date of Transactions: 04/12/2012
Benefit Totals:
Type          Number       Total
Submitted        5       $273.10
Voided           1        $44.00
Cancelled        0         $0.00


   (Check against the Reconciliation Report)

       *** END OF REPORT ***
-----------------------------------
       Touch Ton ID:
```

Date the claims included in the totals were processed and submitted

These transaction totals should match those shown on the reconciliation report(s) for this day

7.3.5 Printing Reports – Step-by-Step Guide

> Start from the ANZ screen.

ANZ HEALTHPAY™

ANZ

Step A. Press **ENTER**. ANZ HealthPay will show you the EFTPOS menu

ANZ EFTPOS MENU

1 PURCHASE
2 CASHOUT
3 REFUND

Step B. Scroll down, and press the corresponding number for SERVICES. ANZ HealthPay displays the SERVICES screen

```
       SERVICES

1 HEALTHPOINT
2 MEDICAR EASYCLAIM
9 ADMIN
```

Step C. Press 1 for HealthPoint. ANZ HealthPay displays the HealthPoint screen

```
      HEALTHPOINT

1 PATIENT CLAIM
2 CANCEL CLAIM
9 HEALTHPOINT ADMIN
```

Step D. Press 9 for HealthPoint ADMIN. The ANZ HealthPay terminal displays the HealthPoint ADMIN screen

```
 HEALTHPOINT ADMIN

1 SERVICE ITEMS
2 REPORTS
3 UPDATE CONFIG
4 PAYEE DETAILS
```

Step E. Press 2 for reports. The ANZ HealthPay terminal displays the reports screen

```
 HEALTHPOINT ADMIN

5 CSC ID
```

```
       REPORTS

1 ACTIVITY REPORT
2 RECONCILIATION
3 SHIFT TOTAL
4 CURRENT SETTINGS
```

Step F. Choose the report you want to print.

F.1   Press 1 for ACTIVITY REPORT. Go to Step G

F.2   Press 2 for RECONCILIATION. Go to Step H

F.3   Press 3 for SHIFT Reports. Go to Step I.

Step G. Choose date for Activity Report.

ACTIVITY DATE

**PLEASE ENTER DATE
DD/MM/YYYY**

G.1 The ANZ HealthPay terminal will prompt you for the ACTIVITY DATE for the report

G.2 Enter the date in the format DDMMYYYY (day month year, with no spaces in between), then press **ENTER**

G.3 The ANZ HealthPay terminal retrieves and prints the report. Go to Step J.

RECONCILIATION DATE

**PLEASE ENTER DATE
DD/MM/YYYY**

Step H. Choose date for Reconciliation Report

H.1 The ANZ HealthPay terminal will prompt you for the Reconciliation date

H.2 Enter the date in the format DDMMYYYY (day month year, with no spaces in between), then press **ENTER**

H.3 The ANZ HealthPay terminal retrieves, and prints the report. Go to Step J.

Step I. The ANZ HealthPay terminal retrieves and prints the report. The ANZ HealthPay terminal will print all the activities from the beginning of the day, or all activities since the last Shift Report was printed. Go to Step J.

**DID THE RECEIPT PRINT
CORRECTLY?**

YES   **FUNC KEY FOR
MORE OPTIONS**   NO, REPRINT

Step J. The PRINT CONFIRMATION screen is displayed, with the question 'Did the receipt print correctly?'

J.1 If a reprint is required, select **NO, REPRINT.** Return to Step J

J.2 If the print was not successful, but a reprint is not required, press **FUNC**, then select **NO, SKIP.**

J.3 If the print was successful, select **YES, DONE**

☑ You have successfully printed the HealthClaims Report.

7.4 Item Maintenance

7.4.1 Overview

This procedure describes how you can maintain the list of items stored on your ANZ HealthPay terminal. You will be able to add, edit and delete items in your list. This includes adding new services or adjusting the fees on existing items.

> **ℹ** Optometrists: This procedure can be used to edit your ancillary item codes. To edit your Medical Benefits Schedule (MBS) item codes for Medicare claiming, please refer to the Medicare section in the Health User Guide.

7.4.2 List Maintenance Step-by-Step Guide

> Start from the ANZ screen

ANZ HEALTHPAY™

ANZ

Step A. Press **ENTER**. The ANZ HealthPay terminal displays the EFTPOS menu

ANZ EFTPOS MENU

1 PURCHASE
2 CASHOUT
3 REFUND

Step B. Scroll down, and press the corresponding number for SERVICES. The ANZ HealthPay terminal displays the SERVICES screen

SERVICES

1 HEALTHPOINT
2 MEDICAR EASYCLAIM
9 ADMIN

Step C. Press 1 for HealthPoint. ANZ HealthPay displays the HealthPoint screen

```
      HEALTHPOINT

1 PATIENT CLAIM
2 CANCEL CLAIM
9 HEALTHPOINT ADMIN
```

Step D. Press 9 for HealthPoint ADMIN. The ANZ HealthPay terminal displays the
          HealthPoint ADMIN screen

```
  HEALTHPOINT ADMIN

1 SERVICE ITEMS
2 REPORTS
3 UPDATE CONFIG
4 PAYEE DETAILS
```

Step E) Press 1 for SERVICE ITEMS. The ANZ HealthPay terminal displays the SERVICE TYPE
          screen. This list of service types will depend on the service types (modalities) you
          have activated on your ANZ HealthPay terminal. For example:

```
HEALTHPOINT ADMIN

5 CSC ID
```

Step F) Select the service type

Step F.1)   Select the service type you want to modify by pressing a number key

Step F.2)   DXC HealthPoint will retrieve a list of items known to the ANZ HealthPay
            terminal

Step G) Perform one (or more) of the following actions:

Step G.1) ACTION 1: View more items

G1.a)   Option 1: Use the arrow keys to navigate in the desired direction

G1.b)   Option 2: Press [FUNC], then Select [DOWN]

Step G.2) ACTION 2: Edit an Item

G2.a)   Navigate to the item using the arrow keys

G2.b)   Select the item by pressing the corresponding number key

G2.c)   Edit the item details, as described in Section 8.4.3 - Editing Item Details
        Step by Step Guide

G.3)   ACTION3: To add a new item (this will be displayed in numerical order):

        a) Press **FIND**. The ANZ HealthPay terminal displays the FIND ITEM screen

```
KEY SERVICE

ITEM CODE
```

b) Enter the item code, and then press **ENTER**

c) Select the appropriate outcome below:

    c1. Outcome 1: Item is Not Found

```
ITEM NOT FOUND

   ADD ITEM?



NO        FUNC KEY FOR
          MORE OPTIONS
```

        c1(1)   If the new item is not on the list, The ANZ HealthPay terminal displays the ITEM NOT FOUND screen

        c1(2)   To add the item, press FUNC then select YES. ANZ HealthPay displays the EDIT SERVICE screen

        c1(3)   Edit the item details, as described in Section 8.4.3 - Editing Item Details Step-by-Step Guide.

    c2. Outcome 2: Item is Found.

        c2(1)   The ANZ HealthPay terminal displays the 'THIS ITEM ALREADY EXISTS' screen. It tells you to 'PRESS ENTER TO CONTINUE'

        c2(2)   Press **ENTER**

        c2(3)   The FIND ITEM screen is displayed. Return to Step G.3.a) to search for another item, otherwise press **CLEAR** until the SERVICE ITEM screen is displayed.

G.4 ACTION 4: To delete an item from the list:

    a) Select the item to edit from the list, either by pressing the corresponding number or using the **FIND** key

    b) Using the FUNCTION key to access the menu, press the bottom right key labelled **DELETE**

    c) Press the **ENTER** to confirm you want to delete the item. The ANZ HealthPay terminal deletes the item from the list.

Step H. Confirm Changes

H.1 Press **ENTER**

H.2 The ANZ HealthPay terminal contacts the DXC HealthPoint systems to update the items

a) If successful, the SERVICE ITEMS SUCCESSFULLY UPDATED screen is displayed

b) Press **ENTER** to continue

c) The ANZ HealthPay terminal returns you to the HealthPoint Admin screen

☑ You have modified the item list.

7.4.3 Editing Item Details Step-by-Step Guide

Note: MBS (Medicare Benefits Schedule) items require additional data.

```
      EDIT SERVICE 123

1
2 FEE:            $0.00


   OK              DISCARD
```

Step A. Choose the item detail that you wish to Edit

```
SERVICE DESCRIPTION


   SERVICE NUM:110


        SPEC
```

A.1 Option 1: To edit the name and / or description of the item, press 1

a) The ANZ HealthPay terminal displays the SERVICE DESCRIPTION screen

b) Enter the item's name and then press **ENTER**.

> **Note:** The ANZ HealthPay terminal will display this service description on the services item selection screen and on claim receipts.

ⓘ Press the key labelled with the letter one or more times, according to the letter's position. For example, the 2 key is labelled 'ABC'. To enter A, press 2 once, to enter B, press 2 twice, and to enter C, press 2 three times.

A.2 Option 2: To edit the fee, press 2

  a) The ANZ HealthPay terminal displays the SERVICE FEE screen

> **SERVICE DESCRIPTION**
>
> **SERVICE NUM:110**
>
> **$0.00**

  b) Enter the fee for the service, then press **ENTER**

 ANZ HealthPay allows you to edit this fee as you process the claim.
For example, some practices offer concession rates for some patients.
You would have to edit the fee when creating the claim

  c) Select OK to save the changes you have just made. The ANZ HealthPay
terminal returns to the SERVICE ITEMS screen.

☑ You have edited the item details. To continue editing, go to Step G, or to finalise
your changes, go to Step H.

7.5 Practice Maintenance

7.5.1 Overview

Practice maintenance describes the process by which you are able to update your practice
details on your ANZ HealthPay terminal. Details which can be updated include:

- The provider List (including their banking details)
- Practice Contact Details.

7.5.2 Practice Maintenance Process

In order to reflect changes made to your practice on your ANZ HealthPay terminal – such
as changing the provider list, or changing practice contact details - the provider form
needs to be submitted to DXC HealthPoint.

The submitted form is processed by DXC HealthPoint, and the system will be updated.
Once the Updates are made, they will be made available for download on your ANZ
HealthPay terminal.

7.5.3 Practice Maintenance Step-by-Step Guide

Step A. Obtain the provider form

  A.1 Option 1: Contact the DXC HealthPoint Helpdesk on 1300 301 692 to request
a form

  A.2 Option 2: Access the website www.dxc.technology.com/HealthPoint, and
download the Change of Details form.

Step B. Fill in the provider form with the relevant updated details

Step C. Return the form to DXC HealthPoint

    C.1 Option 1: Email us on HealthPoint@dxc.com

    C.2 Option 2: Fax 1800 500 874

    C.3 Option 3: Mail ANZ HealthPoint
                       PO Box 148
                       North Ryde, NSW 1670

Step D. DXC HealthPoint Helpdesk will process your application, and on completion, an update is sent directly to your ANZ HealthPay terminal

Step E. Update your ANZ HealthPay terminal

    E.1 Option 1: Immediate update - As soon as the update is available, the Update Screen will pop up after you finish processing a claim

        a) You can immediately update your ANZ HealthPay terminal by clicking YES

    ☑ You have completed the Practice Maintenance process

    E.2 Option 2: Manual Update

    ▶ Start from the ANZ screen.

ANZ HEALTHPAY™

ANZ

a) Press the **ENTER**. ANZ HealthPay displays the EFTPOS menu

ANZ EFTPOS MENU

1 PURCHASE
2 CASHOUT
3 REFUND

b) Scroll down, and press the corresponding number for SERVICES. The ANZ HealthPay terminal displays the SERVICES screen

SERVICES

1 HEALTHPOINT
2 MEDICAR EASYCLAIM
9 ADMIN

c) Press 1 for HealthPoint. The ANZ HealthPay terminal displays the HealthPoint screen

```
   HEALTHPOINT

1 PATIENT CLAIM
2 CANCEL CLAIM
9 HEALTHPOINT ADMIN
```

d) Press 9 for HealthPoint ADMIN. The ANZ HealthPay terminal displays the HealthPoint ADMIN screen

```
HEALTHPOINT ADMIN

1 SERVICE ITEMS
2 REPORTS
3 UPDATE CONFIG
4 PAYEE DETAILS
```

e) Press 3 for UPDATE CONFIG. The ANZ HealthPay terminal will display the UPDATE CONFIG screen

```
HEALTHPOINT ADMIN

5 CSC ID
```

```
   UPDATE CONFIG

1 UPDATE ALL
2 PRACTICE DETAILS
3 HEALTH FUNDS
4 PROVIDER DETAILS
```

f) Choose the details to be updated:

   f1. Press 1 to UPDATE ALL DETAILS

   f2. Press 2 to update PRACTICE DETAILS

   f3. Press 3 to update HEALTH FUNDS

   f4. Press 4 to update PROVIDER DETAILS

   f5. Press 5 to update SERVICE ITEMS.

g) DXC HealthPoint will retrieve the relevant updates and apply them to the ANZ HealthPay terminal

h) ANZ HealthPay terminal will print out any applied changes. If there are no updates, the terminal will print 'No New Updates' on the paper

i) ANZ HealthPay terminal will prompt you to confirm that the updates are correct

   i1. If they have printed correctly, select **YES, DONE**

   i2. Otherwise select **NO, SKIP**. Please contact the DXC HealthPoint Helpdesk to resolve the issue

☑ You have completed the Practice Maintenance process.

7.6 Provider – Merchant Association

7.6.1 Overview

If your practice has a multi-merchant set up, you can set up a default merchant to receive the rebate for each provider. By default, no merchants are set up, and at the time of payment the merchant to be paid must be selected each time.

7.6.2 Step-by-Step Guide

❯ Start from the ANZ screen

ANZ HEALTHPAY™

ANZ

Step A. Press **ENTER**. ANZ HealthPay displays the EFTPOS menu

ANZ EFTPOS MENU

1 PURCHASE
2 CASHOUT
3 REFUND

Step B. Scroll down, and press the corresponding number for SERVICES.
The ANZ HealthPay terminal displays the SERVICES screen

> **SERVICES**
>
> **1 HEALTHPOINT**
> **2 MEDICAR EASYCLAIM**
> **9 ADMIN**

Step C. Press 1 for HealthPoint. The ANZ HealthPay terminal displays the HealthPoint screen

> **HEALTHPOINT**
>
> **1 PATIENT CLAIM**
> **2 CANCEL CLAIM**
> **9 HEALTHPOINT ADMIN**

Step D. Press 9 for HealthPoint ADMIN. The ANZ HealthPay terminal displays the
HealthPoint ADMIN screen

> **HEALTHPOINT ADMIN**
>
> **1 SERVICE ITEMS**
> **2 REPORTS**
> **3 UPDATE CONFIG**
> **4 PAYEE DETAILS**

Step E. Press 4 for PAYEE DETAILS. The ANZ HealthPay terminal displays the PROVIDER OF
SERVICES screen

> **PROVIDER OF SERVICES**
>
> **1 GEN DENTIST**
> **2 OSTEO PROV**
> **3 OPTICAL PROV**

Step F. Press the corresponding number for the service provider you wish to link to
a merchant. The ANZ HealthPay terminal displays the SERVICE PROVIDER screen.
(This is the list of merchants)

> **SERVICE PROVIDER**
>
> **1 N/A**
> **2 GENERIC ACCOUNT 1**
> **3 GENERIC ACCOUNT 2**
> **4 GENERIC ACCOUNT 3**

Step G. Press the corresponding number of the merchant who will receive the selected
service provider's rebates

> ℹ️ To unlink a service provider from a merchant, press 1 for N/A.

HEALTHPOINT ADMIN

1 GEN DENTIST
2 OSTEO PROV
3 OPTICAL PROV

Step H. The ANZ HealthPay terminal displays the PROVIDER OF SERVICES screen. Press **ENTER** to confirm changes

Step I. The ANZ HealthPay terminal will send the information to the server, and a receipt will print out the provider-merchant associations

HealthPoint

Practice Details

CSC Secondary

ABN:
LEVEL 68 8B COLLINS ST, DOCKLANDS VIC 3008
MELBOURNE
DOCKLANDS VIC 3008
Telephone: 0386556759
Customer ID: AN299031

List of Providers

Provider Name   Provider No.   Type
Benefits Recipient Merchant ID (EFTPOS)
MR PRIYANKA SHINDE   4855802F   DENTAL ——— This provider has been linked to a merchant
00013702101
MR IAN BOWRIDGE   1583790PX   DIETETIC ——— These providers are not linked to a merchant
00013702102

        *** END OF REPORT ***

Step J. The PRINT CONFIRMATION screen is displayed, with the question 'Did the receipt print correctly?'

DID THE RECEIPT PRINT CORRECTLY?

YES, DONE FUNC KEY FOR   NO, REPRINT
            MORE OPTIONS

J.1 If a reprint is required, select **NO, REPRINT**

J.2 If the print was successful, select **YES, DONE**

> ℹ️ If the association is incorrect, repeat the process. If errors persist call ANZ to correct your merchant information.

8 Reconciliation Guide

8.1 Claims Settlement Solution (CSS)

The Claims Settlement Solution is an exciting new service that delivers benefits to your practice.

Designed to save you time and money, claim settlement offers a quick and easy reconciliation process that will reduce:

- The number of deposits to your bank account which may help you save on bank fees
- The number of statements you receive from health funds.

Consolidated payment of claims

Historically private health funds made individual deposits to your account which made the reconciliation process time consuming. The Claim Settlement System enables private health funds to send a consolidated payment to your account. This will occur each settlement day for the total amount of all the claims processed by you and any other providers sharing the same bank account.

For claims processed on a Monday, these funds will generally be credited to your bank account on the Tuesday and will be available for use by you on Wednesday.

Note: For some bank account holders the deposit may take up to a further two business days, and processing of payments will not occur on weekends and public holidays.

Consolidated statement of health fund information

DXC HealthPoint will issue a monthly statement for each registered bank account detailing all payments made by participating health funds using the claim settlement system.

Once you receive this you will be able to reconcile your activity in 3 easy steps. Just follow the simple instructions below to find out how.

8.2 How to Reconcile your Accounts – Easy as 1-2-3

Step 1

Print your HealthClaims Reconciliation Report. For step by step instructions, refer to Section 8.3.5 - Printing Reports – Step-by-Step Guide.

Step 2

Cross check the individual health fund amounts from the HealthClaims Reconciliation Report (Figure 1) to DXC HealthPoint Claim Settlement Solution payment statement (Figure 2).

NB. To do this you will need reconciliation figure ❶ to ❹ and as a summary check, reconciliation ❺:

- Check that reconciliation amounts ❶, ❷, ❸ and ❹ are reported on the DXC HealthPoint Payment Statement. These can be found with the payment date as the business day following the claim date
- Check the total for payment amount is equal to the total reconciliation for the practice
- Remember this may include reconciliations printed from multiple ANZ HealthPay terminals depending on your sites requirement.

Step 3

Cross check HealthPoint consolidated payment statement total against the amount on bank statement (Figure 3) credited by HealthPoint ⑤.

Date of Claims: 25/5/2014
Customer id: OPTO5550
EXAMPLE OPTICAL
210 FIRST STREET
12345678
Claims by Provider:

Provider Name Services	Type Charge	Benefit	Receipt Gap	Code
HEALTHFUND A				
PROVIDER ONE	OPTICAL		000345	
5	$ 800.00	$ 400.00	$ 400.00	00
PROVIDER ONE	OPTICAL		000348	
1	$ 180.99	$ 100.00	$ 80.99	
Fund Total	$ 980.99	$ 500.00	$ 480.99	
HEALTHFUND B				
PROVIDER ONE	OPTICAL		000347	
1	$ 220.00	$ 200.00	$ 20.00	00
PROVIDER ONE	OPTICAL		000349	
9	$ 800.00	$ 400.00	$ 400.00	
Fund Total	$ 1,020.00	$ 600.00	$ 420.00	
Provider Total	$ 2,000.00	$ 1,000.00	$ 900.99	
HEALTHFUND A				
PROVIDER TWO	OPTICAL		000346	
1	$ 100.00	$ 80.00	$ 20.00	00
Fund Total	$ 100.00	$ 80.00	$ 20.00	
HEALTHFUND B				
PROVIDER TWO	OPTICAL		000350	
1	$ 180.00	$ 100.00	$ 80.00	00
PROVIDER TWO	OPTICAL		000351	
11	$ 800.00	$ 300.00	$ 500.00	
Fund Total	$ 980.00	$ 400.00	$ 580.00	
Provider Total	$ 1,080.00	$ 480.00	$ 600.00	
GRAND TOTAL FEES	$ 3,080.00	$ 1,580.00	$ 1,500.99	
GRAND TOTAL OF EXPECTED REBATE		$ 1,580.00		

Callouts:
1. Total for Provider One: Fund A — Total reconciled: $500
2. Total for Provider One: Fund A — Total reconciled: $600
3. Total for Provider One: Fund A — Total reconciled: $80
4. Total for Provider One: Fund A — Total reconciled: $400
5. Total for Provider One: Fund A — Total reconciled: $1,580

CLAIM ACTIVITY	NUMBER	TOTAL
Claims Submitted		
Accepted by Fund	7	$ 1,580.00
Rejected by Fund	0	NIL
Total Submitted	7	$ 3,080.00
Claims Voided	0	NIL
Claims Cancelled	0	NIL

(Check agains the Activity Report)

END OF REPORT

Figure 1: HealthClaims Reconciliation Report

PO Box 148 North Ryde NSW 1670
25 Second Street,

For information on payment transactions
Call 1300 000 000
Select 1 for Support and then 2 "Electronic claiming" or Fax: 1800 000 000
Email: HealthPoint@dxc.com

1-June-2014

To

Account Owner	Account: 023-456-123456
Example Optical	Name: Example Optical Centre
210 First St	Period: May 2014
Example NSW 2000	Total Payments: $1580.00

Private and Confidential

Statement of payments made by DXC on behalf of Private Health Funds

	Receipt	Charge	Benefit	Gap	Code	Total	Payment
5 Payment Date	Reference IIB45608546		Payment Made: 1,580.00				
Location: 210 Flinder St, Example			Terminal: OPT05550				
Provider: 12345678 One Provider							
1 Health Fund A	000345	800.00	400.00	400.00	00	400.00	400.00
	000346	180.99	100.00	80.99	00	80.99	80.99
	Fund Total	980.99	500.00	480.99		480.99	480.99
2 Health Fund B	000347	220.00	200.00	20.00	00	200.00	200.00
	000348	800.00	400.00	400.00	00	400.00	400.00
	Fund Total	1020.00	600.00	420.00		600.00	600.00
Provider: 21474747 Two Provider							
3 Health Fund A	000349	100.00	80.00	20.00	00	80.00	80.00
	Fund Total	980.99	500.00	480.99		480.99	480.99
4 Health Fund B	000350	180.00	100.00	80.00	00	100.00	100.00
	000349	800.00	300.00	500.00	00	300.00	300.00
	Fund Total	980.00	400.00	580.00		400.00	400.00

END OF REPORT

Figure 2: DXC Claim Settlement Solution (CSS) Payment Statement

ANZ

Example Optical
210 First St
Example
NSW 2000

Sample Bank Statement

BSB: 024 567
Account Number 123456789

TRANSACTION DETAILS
Issue date: 01 June 2014

Balance brought forward…….				1000.11
6-May-14	Tax fare	20.00		980.11
7-May-14	Office Supplies	300.00		680.11
8-May-14	Trans Ref123456	100.00		580.11
9-May-14	Trans Ref 235784	20.00		560.11
5 10-May-14	CSC01526000041		150.00	710.11
Closing Balance				**710.11**

Figure 3: Example Bank Statement

9 Training Mode

Note: The ANZ HealthPay terminal does not indicate when training mode is active. Please ensure you check the settings before training your staff and processing claims.

9.1 Training Mode Overview

Your ANZ HealthPay terminal can be used to provide training for new and existing staff, by activating training mode and using your private health test card. (By default, training mode is disabled 'OFF').

Once you are in training mode, your staff can follow the procedures in this user guide to teach / refresh themselves on various transactions. This is particularly useful for staff members who are new to the practice.

When training mode is enabled:

- ✓ Dummy data is used – for transactions and reports
- ✓ No data is being exchanged
- ✓ EFTPOS is not enabled
- ✓ Only CASH is enabled as a payment option
- ✓ It will only pretend to connect to the touch host

Please note: Training mode is designed to support the processing of test private health claims only.

9.2 Activating and Deactivating Training Mode

> Start from the ANZ screen

Step A. Press **ENTER**. ANZ HealthPay displays the EFTPOS menu

Step B. Scroll down, and press the corresponding number for SERVICES. The ANZ HealthPay terminal displays the SERVICES screen

```
        SERVICES

1 HEALTHPOINT
2 MEDICAR EASYCLAIM
9 ADMIN
```

Step C. Press 9 for ADMIN

```
         ADMIN.

1 TEST FUNCTIONS
2 REPORTS
3 VOUCHER REPRINTS
4 TRAINING MODE
```

Step D. Press 4 for TRAINING MODE

```
     TRAINING MODE

1 TRAINING MODE
```

Step E. Press 1 for TRAINING MODE

```
     TRAINING MODE

1 ON
2 OFF
```

Step F. Activate or deactivate training mode

>   F.1   To activate training mode, press 1

>   F.2   To deactivate training mode, press 2

> ℹ The status of training mode is highlighted on the screen. For example, in the above screen shot, training mode is on.

Step G. The ANZ HealthPay terminal displays the training mode screen. Click **CANCEL** to return to the ANZ screen.

10 Frequently Asked Questions

How many merchants can I add to an ANZ HealthPay terminal?

You can add up to 89 merchants to an ANZ HealthPay terminal.

Can my health fund rebates settle to the same bank account as my EFTPOS terminal?

Yes. rebates can be made to any Australian bank account.

What modalities (types of businesses) can use the private health fund claiming feature?

The following businesses can use private health fund claiming:

- Acupuncturists
- Chiropractors
- Dental Prosthetics
- Dentists
- Dietitians
- Endodontists
- Exercise Physiologists

- Myotherapists
- Naturopaths
- Occupational Therapists
- Optometrists
- Osteopaths
- Paediatric Dentists
- Periodontists

- Physiotherapists
- Podiatrists
- Psychologists
- Remedial Massage Therapists
- Speech Pathologists

Which provider number do I use to apply for ANZ HealthPay?

You need to use the Medicare/Medibank provider number assigned to your practice address when applying for an ANZ HealthPay facility.

You should use your Medibank Private provider number if you are an:

- Acupuncturist
- Audiologists

- Myotherapist
- Naturopath

- Remedial Massage Therapist

Why do you need my provider number?

Your provider number is required for the DXC HealthPoint application, this registers you with each of the participating Health Funds and enables you to accept private health claims on your terminal.

Your provider number must be the one that was assigned to your practice location where the ANZ HealthPay terminal is to be installed.

Why do you need a copy of my provider registration letter?

A copy of the Provider Number Letter is required to verify that the practitioner details are correct and that the provider number is registered to the practice address where the ANZ HealthPay terminal is to be installed.

If the practitioner has multiple locations then multiple provider numbers will have been issued. ANZ requires the letter corresponding to the practice address on the ANZ HealthPay application.

Which Health Funds can I claim with?

This depends on the modality of the provider. A list of eligible funds for each modality can be found at: anz.com/healthpay

Can I do a Health Fund transaction without the membership card?

No. The membership card must be present and swiped. The ANZ HealthPay terminal will not allow the card details to be entered manually. This is a requirement of the Health Funds.

How much does each Health Fund transaction cost me?

There is no additional cost associated with accepting health claims; if your patient is required to make a gap payment, transaction fees will apply. Please refer to your letter of offer for fees and charges.

What is CSS?

Claims Settlement Service (CSS) is a service that collects the rebate amounts (on a daily basis) from the participating Health Funds (noted on the Health Fund flyer) and consolidates the payments and deposits to a provider's bank account.

Not all Health Funds are participating, however DXC HealthPoint continues to work with these Health Funds to encourage and assist them to connect to this service. This means that non-participating health funds will individually deposit the payments into your account in line with the health fund's payment schedules.

Do the Health Funds consolidate deposits and do I still receive statements from each Health Fund?

Health Funds participating with CSS will have their payments consolidated and you will receive a statement once a month listing all transactions.

Health Funds not participating with CSS will deposit separately to your account and individual statements will be provided.

When is the money from the Health Fund settled into my account?

Health Funds participating with CSS, will deposit funds the next business day from when a claim is processed.

Health Funds not participating in CSS vary, but generally funds are deposited the next business day. For EFTPOS settlement, refer to ANZ FAQs.

How do I reconcile my ANZ HealthPay account?

You are able to print a reconciliation report through your terminal. This allows you to see the total claims made through each health fund for a given period of time.

The Quick Reference Guide included in your ANZ HealthPay Welcome Kit provides information on health claim reporting.

Where can I obtain my Provider Number Letter?

Medicare Provider Number Letters can be obtained from Medicare via the HPOS (Health Professional Online Services) portal Or by emailing:

provider.registration@humanservices.gov.au

Medibank Provider Letters (required for Naturopaths, Acupuncturists, Remedial Massage Therapists or Myotherapists) are issued by your relevant Allied Association on behalf of Medibank and are on Medibank letterhead.

What are my telephone call costs?

There are no costs to you if you have an ANZ HealthPay terminal plugged into your phone line, the ANZ HealthPay terminal dials a 'free call' number for Health Fund transactions.

What forms are required for ANZ HealthPay?

In addition to the normal ANZ Merchant documentation, you will be required to complete an ANZ HealthPay application for each ANZ HealthPay terminal requested at each site. This application should include details of ALL providers wishing to use the ANZ HealthPay terminal, together with their provider number letters and their nominated bank account details for health rebate settlements.

Is the ANZ HealthPay terminal cordless?

ANZ HealthPay offers a cordless terminal, which is available based on your claiming requirements.

If you require Medicare claiming and card payments only, the option of a cordless terminal is available.

If you require Private health fund claiming, you are required to have a fixed line terminal.

Can I take the ANZ HealthPay terminal to various locations?

ANZ HealthPay terminals can only be used at the site to which your provider number was assigned.

Can I claim Medibank Private member bonuses through the ANZ HealthPay terminal?

This functionality is not available on the ANZ HealthPay terminals.

Can I process Department of Veteran Affairs (DVA) or Work Safe (VIC) claims?

DVA and Work Safe (VIC) claim functionality is not available with ANZ HealthPay.

Which funds can I obtain a rebate estimate (quote) from?

You can obtain a rebate estimate from any health fund simply by rejecting the outcome of a claim once returned by the health fund. (i.e. submit the claim as you normally would and then reject the response, once you have made note of the rebate and gap amounts) voiding the outcome at the Fund.

11 Appendix A: Health Fund Responses

The health funds provide a response for each claim and each item of a claim. Any response except '00' means the claim or item has been rejected by the health fund.

Likewise, the health funds provide a response to rejections and cancellations made by the patient. Any response except '00' means the cancellation or rejection has not been processed, and the claim will stand.

Look up the response code in the tables in the following sections.

Note: Not all health funds use all of the responses listed in this table.

11.1 Claim Responses

For each claim you submit with DXC HealthPoint, the health fund sends a response, which HealthPay displays and prints on the claim receipt.

All responses except '00 - APPROVED' mean the claim has been rejected or revised.

In general, if the health fund rejects the claim, the patient should settle their account in the usual manner and make a regular paper based claim with their health fund.

If the response is not in the following table, please contact the relevant health fund for an explanation.

Response Code	Message	Description
00	APPROVED	The health fund has approved this claim.
01	PROVIDER NOT APPROVED	The health fund has not approved the provider who performed the services for electronic claiming.
		Check the provider number in the HealthPoint provider table is correct. If it is, contact the health fund to clarify this provider's status.
		Some health funds (e.g. Medibank Private) will only permit providers to submit claims for items within their own modality (e.g. Physiotherapists may not be able to make claims using Chiropractic codes). Claims containing items from a modality other than the providers will get this response. Check the provider's modality with the health fund.
03	INVALID PROVIDER NO	The provider number supplied is not valid.
		HealthPay should have trapped this error before submitting the claim, so please report this to the DXC HealthPoint Help Desk immediately.
04	PLEASE RETAIN CARD	The health fund has asked you to retain the patient's card, if possible. Call the relevant health fund for information on what to do next.

Response Code	Message	Description
10	REFER CLAIM TO FUND	The health fund has requested that this claim be referred to them for manual assessment. Call the relevant health fund for information on what to do next.
12	TRANSACTION DECLINED	The health fund has not approved the transaction. It has not given a specific reason. Call the relevant health fund for information on what to do next.
14	CARD NO IS NOT VALID	The health fund does not recognise the card you swiped. Discard the claim, re-enter the claim, and re-submit it. If you get this message again, advise the patient to contact their fund and arrange for a new card.
19	NO ITEMS ENTERED	No service items were entered for this claim. HealthPoint should have trapped this error before submitting the claim, so please report this to the DXC HealthPoint Help Desk immediately.
21	CONTACT HELP DESK	The system has taken no action for this claim. Please contact the DXC HealthPoint Help Desk.
30	SYSTEM DATA ERROR	Please contact the DXC HealthPoint Help Desk immediately.
32	COMPLETED PARTIALLY	Only part of the claim has been processed. The action required will depend on which part of the claim has been processed. Contact the DXC HealthPoint Help Desk for advice on how to proceed.
40	MEMBERSHIP NOT COVERED	The patient's fund membership does not cover the services provided. Advise the patient to check their cover with their health fund.
42	MEMBERSHIP CEASED/ SUSP	The patient's fund membership has either ceased or been suspended. Advise the patient to check with their health fund.
51	MEMBERSHIP UNFINANCIAL	The patient's health fund membership has not been paid. Advise the patient to check with their health fund.
54	CARD HAS EXPIRED	The patient's health fund card has expired. You must have a valid card to claim via ANZ HealthPay. Advise the patient to contact their fund and arrange for a new card.

Response Code	Message	Description
56	INVALID MEMBERSHIP NO	The health fund does not recognise the card you swiped.
		Discard the claim, re-enter the claim, and re-submit it. If you get this message again, advise the patient to contact their fund and arrange for a new card.
57	NO ANCILLARY COVER	The patient does not have ancillary cover. Advise the patient to check their cover with their health fund.
58	TRANS NOT PERMITTED	The system cannot process this transaction. Please contact the DXC HealthPoint Help Desk.
60	PROVIDER NOT KNOWN	The health fund does not recognise this provider.
		Check the provider number in the HealthPoint provider table is correct. If it is, call the DXC HealthPoint Help Desk and ask them to check the provider has been registered with the relevant health fund.
61	BENEFIT LIMIT EXCEEDED	The patient's benefit limit has been exceeded for the period specified in their policy. Advise the patient to check their cover and the relevant limits with their health fund.
69	NO BENEFIT PAYABLE	No benefit is payable on this claim. Advise the patient to check their cover with their health fund.
91	SYSTEM BUSY-TRY AGAIN	The system cannot process your claim at the moment.
		Wait a few seconds and retry by pressing the RETRY key. Should this condition persist, please call the DXC HealthPoint Help Desk.
92	SYSTEM UNAVAILABLE	The system is temporarily unavailable. Call the DXC HealthPoint Help Desk, who can investigate why the system is currently unavailable.
93	SYSTEM PROBLEM	The system is experiencing a problem. Call the DXC HealthPoint Help Desk, who can investigate what is occurring.
94	DUPLICATE TRANSACTION	The system is reporting that this transmission has been submitted more than once.
		ANZ HealthPay should not have attempted this, so please report this to the DXC HealthPoint Help Desk immediately.

11.2 Item Responses

Each claim is made up of one or more service items. When the claim is submitted, the health fund sends a response for each individual item (in addition to the response for the claim as a whole). ANZ HealthPay prints these responses next to the item on the claim receipt.

Unless otherwise indicated, all responses except '00 - APPROVED' mean the item has been rejected.

If the response is not in the following list, please contact the relevant health fund for an explanation.

Response Code	Message	Description
00	APPROVED	The health fund has approved this item.
01	BENEFIT NOT PAYABLE	According to the rules for this health fund, no benefit is payable on this item.
02	RESTRICTED ITEM	The rebate for this item is restricted by the patient's policy, and consequently no benefit is payable for this item.
03	RESTRICTED ITEM	The rebate for this item is restricted by the patient's policy, and consequently only a reduced benefit is payable for this item.
04	PREVIOUSLY PAID	A benefit has already been paid for this item. Advise the patient to check their cover with their health fund.
05	BENEFIT LIMIT REACHED	The patient's benefit limit for this item has been exceeded for the period specified in their policy, so no benefit has been paid. Advise the patient to check their cover and the relevant limits with their health fund.
06	BENEFIT LIMIT REACHED	The patient's benefit limit for this item has been exceeded for the period specified in their policy, so a reduced benefit has been paid. Advise the patient to check their cover and the relevant limits with their health fund.
07	WITHIN WAITING PERIOD	The patient does not qualify for this item because they have not completed the waiting period specified in their policy. Advise the patient to check their cover and the relevant waiting periods with their health fund.
08	PREREQ SRVCE REQUIRED	A pre-requisite service is required before benefits are payable on this item. Advise the patient to check with their health fund as to what is required to qualify for benefits on this particular item.

Response Code	Message	Description
09	PRE-EXISTING CONDITION	No benefit is payable as this item applies to a pre-existing condition. Advise the patient to check with their health fund as to what benefit restrictions apply for treatment of their ailment.
10	ITEM NO. IS NOT VALID	The health fund does not recognise this item number. You may not have an up-to-date list of the current items. If this is the case, please call the DXC HealthPoint Help Desk and arrange for an up-to-date list to be sent to your ANZ HealthPay terminal.
11	ITEM NO. CEASED USE	This item number is no longer in use as of the date the service was performed. You may not have an up-to-date list of the current items. If this is the case, please call the DXC HealthPoint Help Desk and arrange for an up-to-date list to be sent to your ANZ HealthPay terminal.
12	ITEM NOT FOR PROVIDER	The health fund will not pay benefits for this item when performed by this provider. Check with the health fund as to the status of the provider and what services the health fund will accept when performed by them.
13	ITEM NO. NOT APPROVED	The health fund does not approve this item - no benefits have been paid. Check the item number is correct. If it is, contact the health fund for clarification.
14	ITEM MAX USE EXCEEDED	The health fund imposes a limit on the number of times this item may be used within a particular period, and this limit has been exceeded for this patient. Advise the patient to check with their health fund as to any restrictions it imposes on this item.
15	SERVICE FEE MISSING	The health fund will not approve payment for this item unless you supply the service fee charged for this item. When you select an item, DXC HealthPoint includes a standard fee which you can modify. Do not set this value to zero for this item. Modify the claim, and include the service fee.

Response Code	Message	Description
16	SERVCE DATE NOT VALID	The service date supplied for this item is in the future.
		DXC HealthPoint does not allow dates in the future to be entered, so please check the date and time on ANZ HealthPay are correct.
17	SERVICE DATE TOO OLD	The date of service for this item is too far in the past.
		Check the date and time on the ANZ HealthPay terminal are correct. If it is, advise the patient to make a manual claim to their health fund.
18	BODY PART IS REQUIRED	The health fund will not approve payment for this item unless you identify the body part to which the item applies.
		Modify the claim and identify the body part.
19	PATIENT NOT COVERED	The patient was not covered for this type of service as at the date the service was performed. Advise the patient to check their cover with their health fund.
20	NO DEPENDENT STATUS	The patient is no longer covered as their dependent status on the policy ceased as at the date the service was performed. Advise the patient to check their cover with their health fund.
21	INVALID PATIENT NO	The patient reference number for the patient to whom this service was provided is not correct.
		Check the patient number on the health fund card. For some health fund cards, the first patient on the card is number 0. Correct the claim accordingly and re-submit it.
22	MEMBERSHIP NOT COVERED	The patient's health fund membership does not cover the services provided as at the date the service was performed. Advise the patient to check their cover with their health fund.
23	MEMBERSHP CEASED/ SUSP	The patient's health fund membership has either ceased or been suspended as at the date the service was performed. Advise the patient to check with their health fund.
24	MEMBERSHP UNFINANCIAL	The patient's health fund membership has not been paid as at the date the service was performed. Advise the patient to check with their health fund.

Response Code	Message	Description
25	NO ANCILLARY COVER	The patient did not have ancillary cover as at the date the service was performed. Advise the patient to check their cover with their health fund.
26	ITEM NOT COVERED	The patient was not covered for this particular item as at the date the service was performed. Advise the patient to check their cover with their health fund.
27	POSSIBLE DUPLICATE	Check with the health fund.
28	EXCESS APPLIED	No benefit has been paid for this item because an excess applies. Advise the patient to check with their health fund.
29	EXCESS APPLIED	A reduced benefit has been paid because an excess applies. Advise the patient to check with their health fund.
30	QUOTATION REQUIRED	No benefit has been paid because a quotation must be supplied to the health fund prior to this item being claimed. Advise the patient to check with their health fund.
31	QUOTATION REQUIRED	A reduced benefit has been paid because a quotation should be supplied to the health fund prior to this item being claimed. Advise the patient to check with their health fund.
32	EXCEEDS QUOTATION	No benefit has been paid because the fee for this item exceeds the quotation given. Advise the patient to check with their health fund.
33	EXCEEDS QUOTATION	A reduced benefit has been paid because the fee for this item exceeds the quotation given. Advise the patient to check with their health fund.
34	AGE RESTICTION	No benefit has been paid because the health fund applies an age restriction to this item. Advise the patient to check with their health fund.
35	AGE RESTRICTION	A reduced benefit has been paid because the health fund applies an age restriction to this item. Advise the patient to check with their health fund.
36	GENDER RESTRICTION	No benefit has been paid because the health fund applies a gender restriction to this item. Advise the patient to check with their health fund.

Response Code	Message	Description
37	GENDER RESTRICTION	A reduced benefit has been paid because the health fund applies a gender restriction to this item. Advise the patient to check with their health fund.
38	INVALID CHARGE	No benefit has been paid because the health fund deems the charge for this item invalid. Check with the health fund for an explanation.
39	NOTIONAL CHARGE	No benefit has been paid. Check with the health fund for an explanation.
40	CONVERTED ITEM	No benefit has been paid. Check with the health fund for an explanation.
41	REFER TO FUND	No benefit has been paid. Check with the health fund for an explanation.
42	SYSTEM PROBLEM	The system is experiencing a problem. Call the DXC HealthPoint Help Desk, who can investigate what is occurring.
50	PROVIDER NOT KNOWN	The health fund does not recognise this provider. Check the provider number in the HealthPoint provider table is correct. If it is, call the DXC HealthPoint Help Desk and ask them to check the provider has been registered with the relevant health fund.
51	NOT ALLOWED FOR PROV.	The health fund does not pay benefits when this service is performed by this provider. Advise the patient to check with their health fund.

11.3 Cancellation or Rejection (void) Responses

When you attempt to cancel a claim, or when the patient rejects (voids) an assessment, the health fund sends a response, which ANZ HealthPay displays and prints on the receipt.

If the response is not in the following table, please contact the relevant health fund for an explanation.

Response Code	Message	Description
00	APPROVED	The health fund has approved this cancellation.
21	CONTACT HELP DESK	The system has taken no action. Please contact the DXC HealthPoint Help Desk.
25	UNABLE TO FIND CLAIM	The system cannot find the claim you are trying to cancel. Please contact the DXC HealthPoint Help Desk.

Response Code	Message	Description
30	SYSTEM DATA ERROR	Please contact the DXC HealthPoint Help Desk immediately.
58	TRANS NOT PERMITTED	This system does not permit this type of transaction. HealthPay should not have attempted this transaction, so please report this to the DXC HealthPoint Help Desk immediately.
76	NOT SAME DAY AS CLAIM	The claim you are attempting to cancel was not created today. You cannot cancel this claim.
91	SYSTEM BUSY-TRY AGAIN	The system cannot process your cancellation or rejection at the moment. Wait a few seconds and retry by pressing the RETRY key. Should this condition persist, please call the DXC HealthPoint Help Desk.
92	SYSTEM UNAVAILABLE	The system is temporarily unavailable. Call the DXC HealthPoint Help Desk, who can investigate why the system is currently unavailable.
93	SYSTEM PROBLEM	The system is experiencing a problem. Call the DXC HealthPoint Help Desk, who can investigate what is occurring.
94	DUPLICATE TRANSACTION	The system is reporting that this transmission has been submitted more than once. HealthPay should not have attempted this, so please report this to the DXC HealthPoint Help Desk immediately.

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