



Administration

Workbook

Designed and written by
Train IT Medical for AH&MRC

July 2026

AH&MRC
Aboriginal Health & Medical
Research Council of NSW

Table of Contents

Introduction 3

Topic 1 – Adding and editing patient records 4

Topic 2 - Appointment Book 14

Topic 3 – The Waiting Room 21

Topic 4 – Billing 23

Topic 5 – Payments 27

Topic 6 – Online Claiming 32

Topic 7 – Scanning and Importing Files 40

Topic 8 - Reports 45

Keyboard shortcuts quick reference 48

Introduction

Purpose of this guide

This guide provides administration staff with the knowledge and procedures required to effectively use BP Premier within an Aboriginal Community Controlled Health Organisation (ACCHO). It is designed to support consistent administrative processes, accurate patient record management, efficient appointment scheduling, billing activities, Medicare claiming, and other day-to-day practice operations.

The guide outlines standard workflows and best-practice procedures to assist staff in delivering high-quality, culturally safe, and patient-centred services while maintaining compliance with organisational policies, privacy requirements, and Medicare regulations.

This document should be used as both a training resource for new staff and a reference guide for existing staff performing administrative functions within BP Premier.

Intended Audience

This guide is intended for administration staff working within an Aboriginal Community Controlled Health Organisation (ACCHO), including:

- Receptionists
- Administration / Medicare Officers
- Practice Support Staff
- Practice Managers and Team Leaders

The guide assumes users have basic computer skills but may have limited or no prior experience using BP Premier. It focuses on the administrative functions of the system and does not cover clinical workflows performed by General Practitioners, Nurses, Aboriginal Health Workers and Practitioners, or other clinical staff unless those workflows directly interact with administrative processes.

Software version

The guide is current for the Spectre SP1 revision edition of the Bp Premier software. As software functionality is updated periodically, some screens and features may differ slightly depending on your practice's installed version and configuration.

Topic 1 – Adding and editing patient records

Patient records can be edited and created from a number of screens in Bp Premier including the Appointment book and via View>Patients.

Edit an existing patient record

1. Search for the patient from the main screen (**View > Patients**) or from the appointment book by (**Select an appointment slot > F3**).
2. In Search For: **Enter the patient Surname, first name** (note: you can also search using the patient mobile phone number, date of birth or address in the search field)
3. **Highlight** the patient in the list
4. Select **View details**
5. Update the relevant fields
6. **Save**

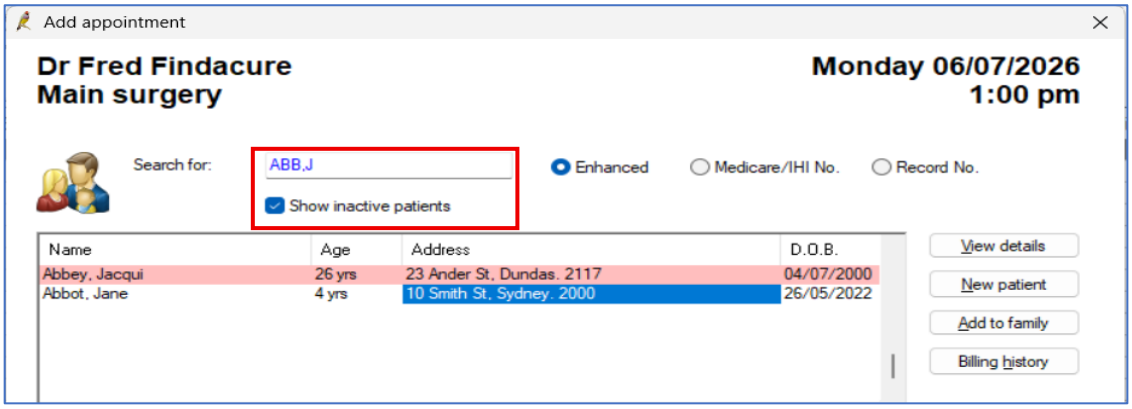
Add a new patient record

It is essential the patient demographic information is entered accurately as this helps to identify the needs of individual patients to optimise healthcare delivery. Inaccurate or missing information can lead to gaps in the delivery of healthcare for a patient. Therefore we need to ensure the process of collecting and recording patient information accurate and comprehensive.

To create a new patient record, first make sure they don't exist in the Bp Premier database. To do this you need to tick 'Show Inactive patients' when performing the search.

Note: Inactive patients are displayed in the list with a pink background.

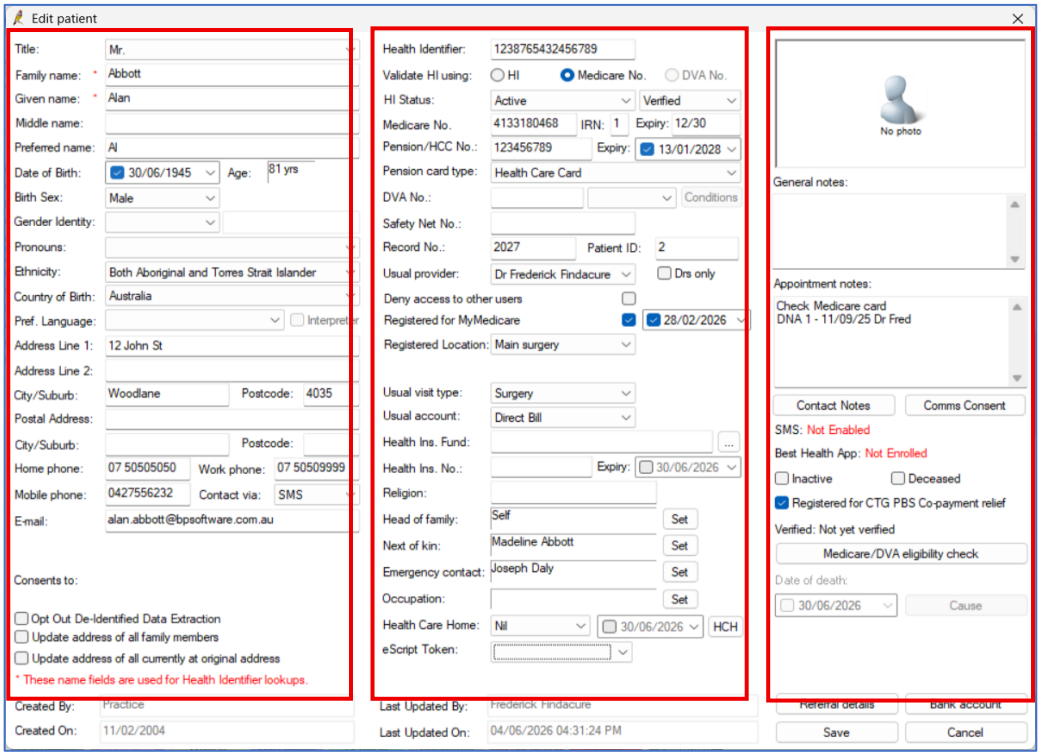
1. Search for the patient from the main screen (**View > Patients**) or from the appointment book by (**Select an appointment slot > F3**).
2. Once you are sure the patient record doesn't already exist, Select **New patient**



3. **Enter the data on the patient demographics screen** (refer to the following tables for detailed explanations of each field)
4. **Select Medicare/DVA** to validate the patients Medicare / DVA details against the Medicare database to ensure it matches. Update to accept any changes if applicable.
5. **Save**

Patient demographic screen

Column 1 **Column 2** **Column 3**



Enter the patient data in **Column 1** in the patient demographic:

Field Name	Description
Title	Select from the drop-down list. This will print on documents that include the patient details
Family Name	The surname of the patient (must match Medicare card)
Given name	The first name of the patient (must match Medicare card)
Middle name	The middle name of the patient
Preferred name	The name by which the patient prefers to be known e.g Dave (whereas their given name may be David)
Date of Birth	Tick the box then click **v** to select the date
Birth Sex	This is the gender recorded at birth (must match Medicare card). The **Birth Sex** field is used in the clinical record to determine what actions are available e.g. obstetric history.

Gender Identity	The **Gender Identity** field has no bearing on the clinical record and is primarily an identification field. Choosing '**Different identity'** opens a textbox where you can type in custom text.
Pronouns	Select from a drop-down list to indicate how the patient is to be addressed in conversation and correspondence.
Ethnicity	Choose from the options in the drop-down list or choose 'Other' to open a new window. It is important to choose the correct option as this determines eligibility for MBS items such as 715 health assessments.
Country of birth	Select from the drop-down list. Type the first letter of the country to quickly jump to that entry.
Pref language	Select from the drop-down list.
Interpreter	Tick this box if an interpreter is required so that this service can be arranged in advance. Make sure the preferred language is recorded.
Address line 1	This is the first part of a patient's physical address e.g. Unit 6
Address line 2	This is the street address e.g. 30 Smith Street
City/suburb Postcode	This is the suburb e.g. Brisbane. You will be prompted to select the postcode once the suburb is selected.
Postal address	Enter a postal address if different from the physical address
Home phone	Enter the patient's home phone number including area code e.g. 0298765432
Work phone	Enter the patient's work phone number including area code e.g. 0298765432
Mobile phone	Enter the patient's mobile phone number e.g. 0469009008 (do not include spaces)
Contact via	This is the patients preferred contact method. Select from the drop down list.
Email	Enter the patients email address. This can be used to send eScripts and other documents on request.

There are 3 checkboxes at the bottom of the page:

- **Opt-out de-identified data extraction** – tick to exclude the patient from being included in datasets extracted by third party tools such as PEN CAT and POLAR.
- **Update address of all family members** – Tick to update the residential and postal addresses for all patients who share the same head of family if a change is made.
- **Update address of all currently at original address** – Tick to update the residential and postal addresses for all patients with the same residential address.

Enter the following information in the **Column 2** of the patient demographic screen:

Field Name	Description
Health identifier	This field will usually auto-populate once the patient name, address and data of birth have been added. Do not enter the number manually.
Lookup using	If the Health Identifier field is blank, use the Lookup and select a method (HI number, Medicare No, or DVA no) then click Lookup.
HI Status / verified	The HI Status fields will automatically update based on the results of the lookup. Active and verified will display if the patients IHI number was able to be verified online.
Medicare No / IRN / Expiry	Enter the patients 10-digit Medicare card number (no spaces) Enter the IRN (position of the patient listed on the card/before their name) Medicare card Expiry date (MM/YYYY format) e.g. 12/2028
Pension / HCC number / Expiry	Enter the patients pension or health care card number Tick the box and select the Expiry date on the card (DD/MM/YYYY format).
Pension card type	Select the card type from the drop-down list
DVA No and colour	Enter the DVA number on the card & select the card colour from the drop down list
Conditions	If the card specifies any conditions, select them from the drop-down list.
Record no	This field will auto-populate when a new patient record is saved
Patient ID	This field will auto-populate when a new patient record is saved
Registered for My Medicare	Tick this box to indicate the patient is registered at your ACCHO for MyMedicare.
Date	Enter the date the patient registered for MyMedicare at your ACCHO
Registered location	Select the registered location as per the MyMedicare registration details/form.
Usual visit type	Select ‘Surgery’.
Usual account	Select ‘Direct Bill’ – please note the patients Medicare number must be entered to select this option.
Head of family	Used to link family members together. For example, link a child to their parent or carer. Select the parent/carer using the Set button and search for their record in Bp Premier. Click Select.
Next of Kin	Click Set and enter the NOK details OR tick Use Head of Family if the NOK and head of family are the same person.
Emergency contact	Click Set and enter the EC details OR tick Link to Head of Family or Link to NOK if details are the same.
Occupation	Select from the drop-down list or leave blank
eScript token	Select the patients preferred method for receiving eScripts. E.g. mobile phone, email, pharmacy

Setting Head of Family

The Head of Family must also be a patient in the Bp Premier database to be able to add them. The default setting is 'Self' (ie the patient is not linked to another patient). Linking patients helps the clinician to easily locate other family members when the patient record is open.

From the patient demographics screen:

1. Select the **'Set'** button beside the Head of Family field.
2. Search for the patient in the database (surname, initial)
3. Select the patient
4. **Select.**

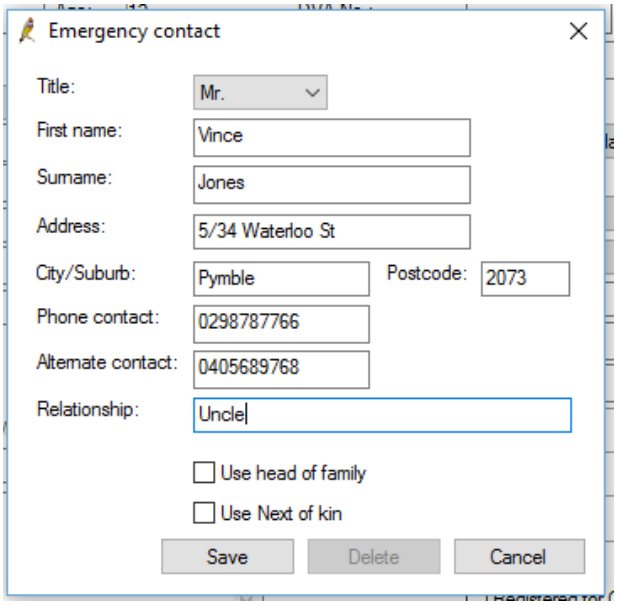
The patient will now be linked to the person listed as the head of Family.

Adding Emergency Contact & Next of Kin Details

From the patient demographics screen:

1. Select the '**Set'** button beside the 'Next of Kin' or 'Emergency Contact' field.
2. If the details are the same as the head of family, tick the '**Use Head of Family'** box to save time retyping the information.
3. Complete the details in the window ensuring you check the phone number details are correct.
4. **Save.**

Note: Adding a new contact will not create a new patient record in BP Premier



Enter the following information in the **Column 3** of the patient demographic screen:

Field Name	Description
General notes	Used to record information such as program information where there is no specific field for the same purpose.
Appointment notes	Record information you would like to pop-up when the patient arrives or when their record is opened. E.g. 'Always requires long appointment' or 'red carded'.
Inactive	Tic this box to make the patient file inactive ie they may have moved to another health service.
Deceased	Tick this box when notified that the patient has passed away. You will be prompted to record both the date and cause of death (if known).
Registered for CTG PBS co-payment relief	Tick this box to indicate that the patient has been registered for CTG in PRODA. Please note this will not replace the need to register the patient separately.

Bp Comms Consent

Recording patient consent for electronic communications

1. Select the **Comms consent** button on the patient demographic
2. If the patient does not agree to receive electronic communications, tick 'This patient has opted out of receiving electronic messages' box. This will prevent all SMS messages being sent to the patient from Bp Premier.
3. Tick the boxes to indicate patient selections from the following options:

   Appointments – The patient consents to receiving SMS appointment reminders

   Clinical reminders – The patient consents to receiving SMS preventative health reminders

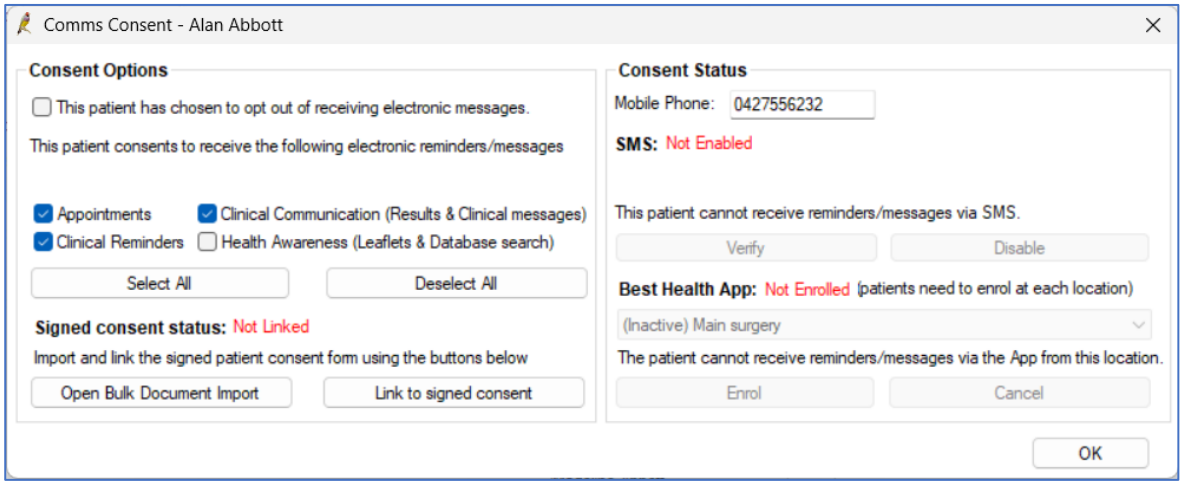
   Clinical Communications – The patient consents to receiving SMS results or clinical messages

   Health Awareness – The patient consents to receiving general health awareness messages e.g. the practice may want to promote awareness of a new clinic or service to patients.
4. To scan/upload and link the signed consent form, select Open Bulk Document Import and complete the scanning process, then assign the document to the patient rather than the Drs Inbox.
5. To Link to a form that has already been uploaded to the patient record, select 'Link to signed consent' and tick to select the relevant document from the list stored in Correspondence In.
6. **Select**

7 Enter the mobile phone number nominated by the patient

8 Select '**Enable**'

9 **OK**.



Note: The patient's SMS status and chosen consent options will be displayed on the patient demographic page under 'Consents to'.

MyMedicare patient registration

Patients can be registered for MyMedicare in a number of ways including online via PRODA or via the Medicare app. Practices can also assist patients to register after they have completed a pre-printed form.

Any patient with a Medicare card or DVA card is eligible to register for MyMedicare. Patients can register your practice as their preferred practice under MyMedicare if they have:

- one face-to-face visit for practices in remote locations (MMM 6 and 7)
- two face-to-face visits for practices in other locations in the previous 24 months.

Record a patient's MyMedicare registration details in Bp Premier

This step must be completed so that Bp Premier can apply claiming rules related to MyMedicare:

1 Search for the patient using any of the patient search methods: File > Open Patient, View > Patient, or press F2.

2 Click **View details** to open the Patient details screen.

3 In the **Usual Provider** field select the patient's preferred provider.

4 Tick the registered for MyMedicare checkbox.

5. Tick the box and enter the **My Medicare registration date** (check PRODA if unsure of the registration date)
6. Select the **Registered Location.** This is the preferred practice location the patient selected when registering. This is often the name of the clinic or practice.



Note: After marking a patient as Registered for MyMedicare, the patient's MyMedicare status will be visible to users when booking an appointment, arriving a patient and when creating an account.

Update Bp Premier with MyMedicare data from PRODA (bulk)

To keep the data in Bp Premier synched with the MyMedicare registration data in PRODA it is necessary to regularly download the CSV registration file from PRODA and import it to Bp Premier.

Note: You must first download and install the **Bp Premier Reporting tool** to be able to run this process.

1. Access PRODA and download the CSV file. See Export MyMedicare Patient List as a CSV file from PRODA > HPOS for more information.
2. Double-click the **Bp Premier Reporting Tool** desktop icon to launch the tool.
3. Select Import MyMedicare button
4. Enter your login details then OK
5. Browse to the folder containing the **CSV file** for the MyMedicare Registered Patient List, select the file, and click **Open**. The **MyMedicare Import Registration Status Utility** screen will appear.
6. The **MyMedicare Import Registration Status Utility** analyses the imported CSV file and attempts to match details from the CSV file with the details in Bp Premier.

Unmatched patient records

If the patient cannot be matched to an existing patient in Bp Premier, the InternalID field will show **Unmatched**, To match unmatched patient records directly in the MyMedicare Import Registration Status Utility, click ‘Select patient’ and search for the correct patient in Bp Premier. Select the correct patient and press OK.

Incorrect location recorded

7. Manually review the Patient List.
8. To update the Registered Location, click **Update Location**.
9. Once you've reviewed the Patient List and are satisfied with the data, click **Import**.

10 Click **OK** to return to the MyMedicare Import Registration Status Utility.

11 The **Update Result** column will display the import outcome for each row.

12 The Import process is complete. Click **Close**.

Mark patient records as inactive or deceased (single)

Use this method to mark individual patient records as inactive (when they are no longer visiting the practice) or deceased (when the patient has been confirmed as deceased). This will prevent further outgoing correspondence from being sent to the patient.

1 From the Main Screen, select **View > Patients (F10)**

2 **Search for the patient** in the database using Surname, firstname (note, you can also search by patient mobile phone number, date of birth or address in the search field)

3 **Highlight the patient in the list**

4 Select **View details**

5 Tick '**Inactive'** to mark the record as Inactive > **Save**

6 Tick '**Deceased**' to mark the record as deceased.

7 Enter the date of death and select the Cause of death (if known) from the drop down list.

8 **Save**

Merging duplicate patient records

When a duplicate patient record is identified in the database and both records have visit notes/clinical information recorded, it is important to merge the 2 records so information is not lost.

If you create a duplicate record and realise before any visits have been recorded or correspondence has been saved, you may be able to delete the duplicate record using the 'Delete' button in the View > Patients screen.

Step 1 – Identify which of the 2 duplicate records is the master or correct version (to keep)

Step 2 – Merge the 2 records

1 From the Main Screen, select View > Patients (F10)

2 Search for the patient in the database using Surname, firstname (note, you can also search by patient mobile phone number, date of birth or address in the search field). Both patients should appear in the list.

3 Select the patient record you want to keep

4. Select Edit > Merge
5. Read the **Merge Patients** warning prompt that appears. If you are sure you have the right patient, click **Yes.**
6. Search for the patient to merge by surname. The patient selected here will be merged with the first patient and the record removed from the database.
7. Select the patient and click **Select**.

   The second patient record will now be removed and any notes, results, documents, and patient data recorded for the patient will be moved to the patient selected in step 3.

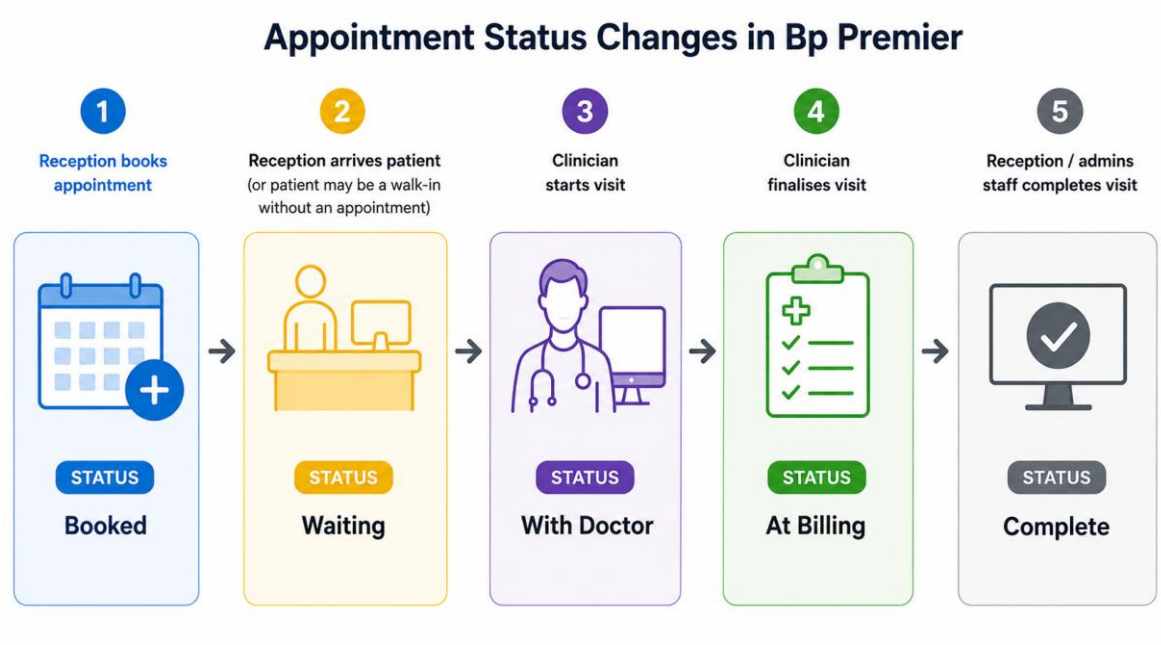
Topic 2 - Appointment Book

View the appointment book

Select (F12) from the main screen to open the appointment book screen.

Switch between layouts

If using multiple departments and locations, click on the 'Layout' drop-down to change the view. For example, you may have one layout for the clinicians in the GP clinic and another layout for the clinicians working in the SEWB clinic.



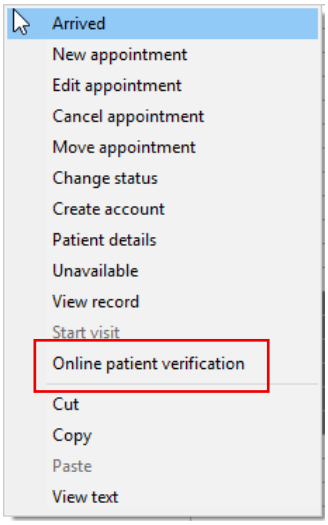
Typical Appointment Workflow

1 **Appointment is booked**

- **Highlight the desired appointment** slot in the book
- Start typing the name of the patient (surname, initial)
- **Select the patient** from the list
- Select the **appointment type**
- Select Book **Appointment**

2 **Patient arrives and Medicare / DVA eligibility check performed**

These online checks verify that the details you have on file match what the authorities have on file and therefore can be extremely useful in avoiding unnecessary and time consuming rejections from Medicare due to outdated or inaccurate details.



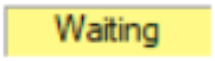
- **Select the appointment**
- **Right click > Online patient verification**
- Bp Premier will connect to Medicare / DVA and verify the patient information matches. If the patient matches with Medicare/DVA data, a success message displays. Click OK
- If there is a mismatch between Medicare and Bp Premier data, an update window will display. Tick the data you want to update > OK

3 **Patient details are verified (3 points of identity)**

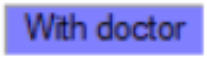
- **Right click > Patient details** to verify and update patient details / contact information is accurate (3 points of identity). Update if required > Save

4 **Patient attends and reception mark the appointment as 'Waiting'**

- **Right click > Arrived (**appointment changes to yellow)



5 **Clinician records consultation details**



6 **Clinician adds item numbers to bill via 'Finalise visit' button** in the clinical record.



7 **Reception / Administration staff completes the visit by opening the visit and finalizing the account** (Green) to complete the billing. - see **Topic 5 - Billing**

8 Visit is auto-marked as 'completed' (grey)



Search for an appointment (F2), print list, view and modify

1 Select **F2**

2 **Search for the patient** using last name, first initial

3 **Select the patient** in the list. All future booked appointments will be displayed.

4 **To print a list of future booked appointments,** select **Print.**

5 Select **move** or **jump** to any appointment listed to view and modify the appointment.

6 To see past appointments for this patient, tick the '**Past Appointments'** box.

Reschedule an appointment

1. **Select the appointment**
2. **Right click > Move** appointment
3. **Select a new date**
4. **Select from the available timeslots** on that date
5. **Move**.

Add a non-patient appointment

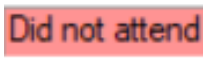
You can use the following appointment types to create non-patient appointments in the Appointment Book:

- Meeting
- Assist
- Nursing Home visit
- Teleconference
- Drug rep
- Other

1. Select an **appointment slot**
2. Select **Add appointment**
3. Select one of the **appointment types listed above**
4. Select an **appointment length**
5. **Enter a description** in the details field (e.g. staff meeting)
6. **Book appointment**

Record patient no-shows

1. **Select the appointment**
2. Click the **'Did not attend'** button

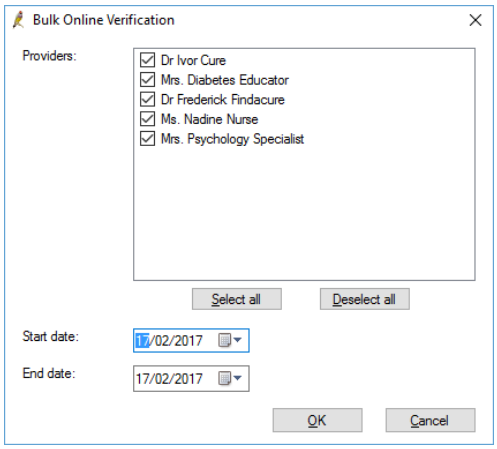


3. This will change the colour of the appointment to PINK in the appointment book.
4. **Make a note of the DNA in the Patient demographic (Appointment notes)** for the patient including the Date, Clinic and total number of DNA's so you can track occurrence.

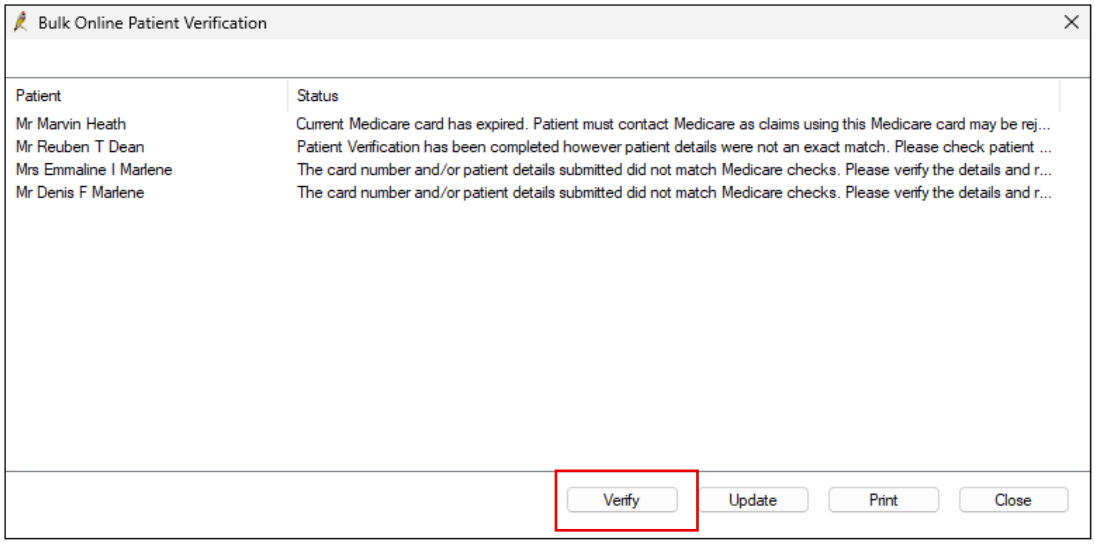
Complete bulk patient verification (OPV)

Bp Premier includes a facility to perform a bulk patient verification as a safety net to ensure all patient details are verified at each visit. This process can be run at the start of each day for the current days appointments or at the end of the previous day for the following days appointments.

To run bulk OPV from the **Appointment Book screen**:



1. Select **Utilities > Bulk Patient Verification**
2. Choose '**Select All'**
3. **Choose a start & end dates**
4. Select **OK**.
5. Select **Verify.** All patients successfully verified show the message **'Patient is eligible to claim for Medicare with details provided.'**
6. Error messages will display for patients whose details do not match with Medicare data.
7. To update a patient's details**, highlight patient > Update**.
8. **Right click > patient details** to Add an appointment note for patients unable to be updated using this method so patient details can be checked on arrival.



SMS Appointment reminders

Send a single appointment reminder

1. **Highlight the appointment** in the appointment book
2. Select **Utilities > Send message**
3. The Send message screen will display with default text and details of the patient appointment.
4. **Edit the message** (if required)
5. **Send.**

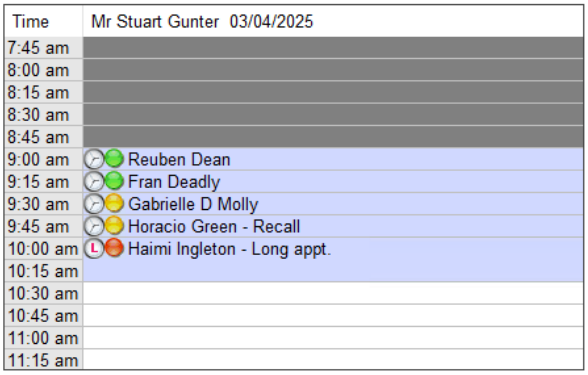
Send bulk SMS appointment reminders

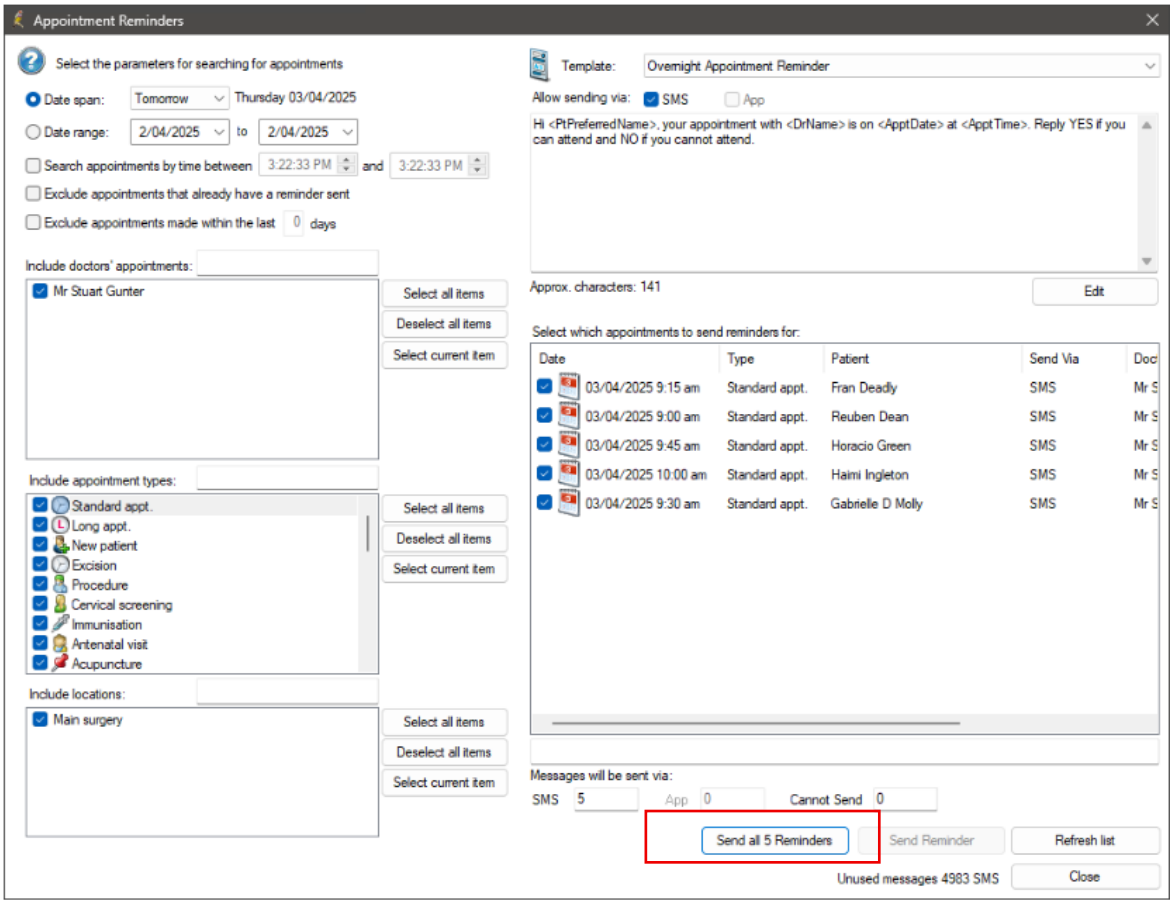
1. From the appointment book, select **Utilities > Send Appointment Reminders**. The Appointment Reminders screen will appear.
2. **Select filters** so you only send to the required patients
    - Date span or date range and time range
    - Tick to exclude appointments that already have a reminder sent
    - Tick to exclude appointments made within the last X days – enter the number of days if you tick this option.
    - Select doctors/clinics
    - Select appointment types
    - Select locations to include

Note: Appointments that meet the selected criteria will appear on the right of the window.

3. **Select a template**
4. **Untick** any patients in the list you don't want a reminder sent to.
5. Click **Send all reminders**

Note: Appointments with a reminder sent will display a yellow dot beside the patient name to indicate a reminder has been sent to the patient.





Check appointment reminder replies

If the patient replies 'Yes' or 'No' (or some variation of yes/no) to the SMS appointment reminder, the status is automatically updated to GREEN or RED. Other responses will require a manual update of appointment attendance status

Symbol	Meaning	Action
🟡	The patient has **not** responded to the SMS reminder OR the response is not understood by Bp Premier. (eg 'Cant make it')	Check appointment reminder replies for the reply text to determine next best action
🔴	The patient has responded with a NO to indicate they need to cancel their appointment	Follow up by phone to reschedule the appointment
🟢	The patient has confirmed their attendance	No action required.

To check for appointment reminder replies:

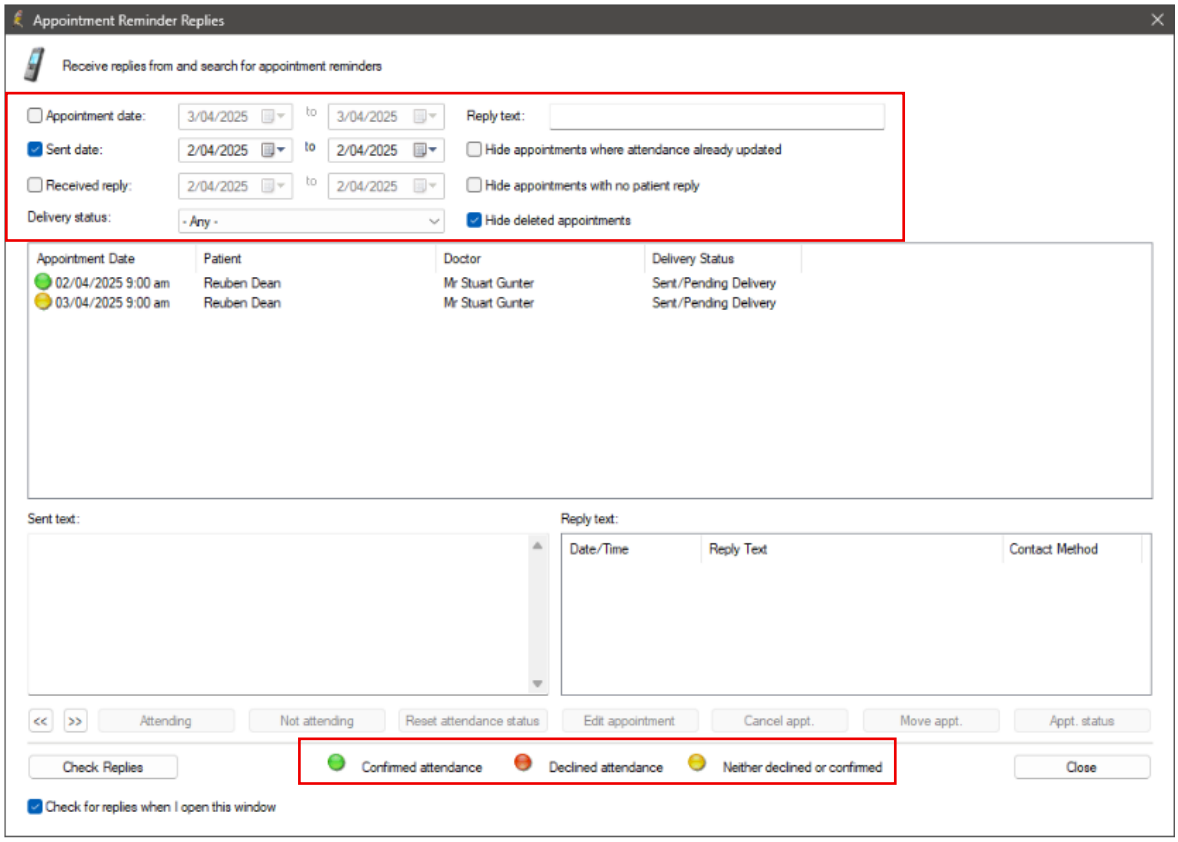
1 From the appointment book, select **Utilities > Check Appointment Reminder Replies**.

2 **Search for replies** using the fields at the top left:

- Appointment date, sent date, reply date, delivery status

3 **Filter the appointments** shown using the check boxes at the top right:

- Tick Hide appointments when attendance already update to show only



appointments which have not been confirmed or declined

4 The middle section of the screen shows the appointment reminders that have been sent and the status. **Select a message to see the sent text** of the reminder and the reply text, if any.

5 To update the appointment associated with a reply, **select the SMS reply from the list and click one of the action buttons** along the bottom.

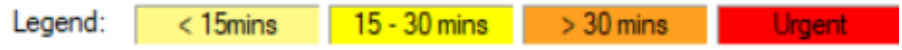


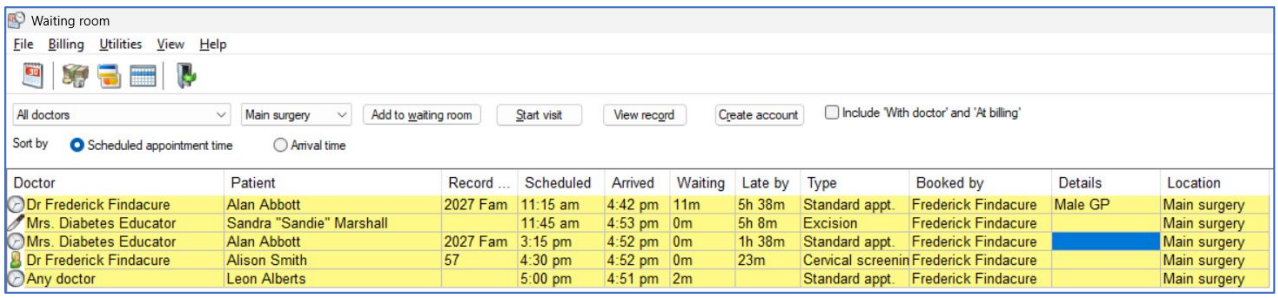
Topic 3 – The Waiting Room

The Waiting Room screen can be used to manage the queue once patients arrive to ensure patients aren't overlooked and to view wait times. A patient is automatically added to the waiting room once the status of their appointment is marked as 'Waiting' (yellow).

Appointments will automatically be removed from the waiting room once an appointment is 'completed' (grey).

Use **F12 to toggle** between the appointment book and waiting room screens. The colour coding helps to easily identify how long patients have been waiting as follows:





In addition, you can view the arrival time, appointment time (if applicable) and wait time from the Waiting Room screen and notes can be added to provide additional information e.g. triage status.

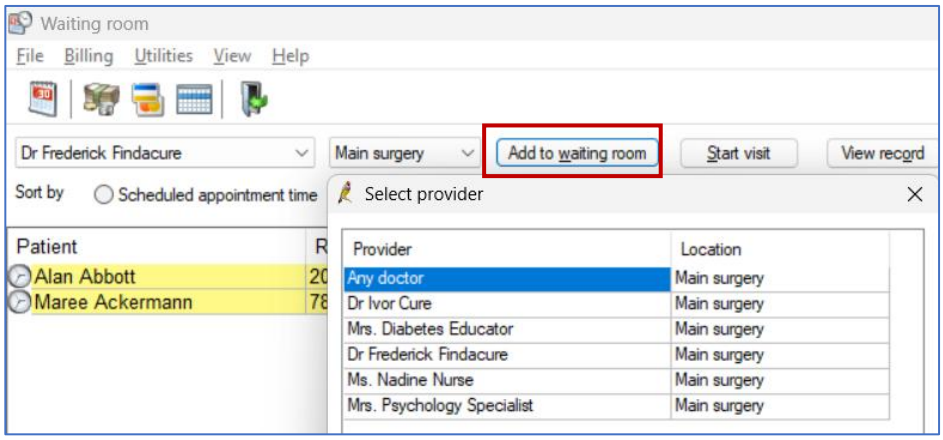
Add patients without appointments (Walk-ins) to the Waiting Room

Practices accepting walk-ins can use the Waiting Room to add patients directly to the queue so they can be seen by the first available doctor or triaged by a nurse/Aboriginal Health Worker.

1. From the appointment book, **select F12** to open the Waiting Room screen
2. Select '**Add to Waiting Room'** button
3. Select '**Any Doctor'** in the select provider window
4. **'Select'**
5. **Search for the patient** using surname, first initial
6. **Select the patient** in the list
7. **Perform an OPV check**
8. **Select an appointment type** (if possible)

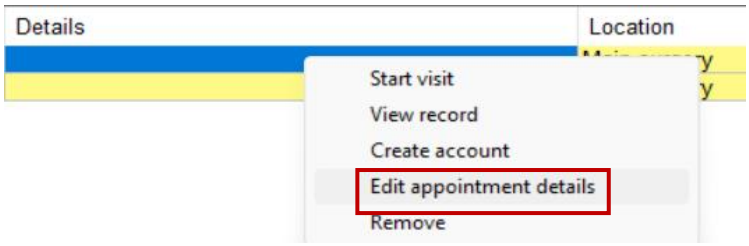
9 Select **Book Appointment**

10 The selected patient will be added to the Waiting Room under '**Any Doctor'.**



Add appointment notes

Appointment notes are visible in the details area in both the Waiting Room screen and in the Appointment Book. They help to communicate important information across the practice team such as 'patient running late' or triage details.

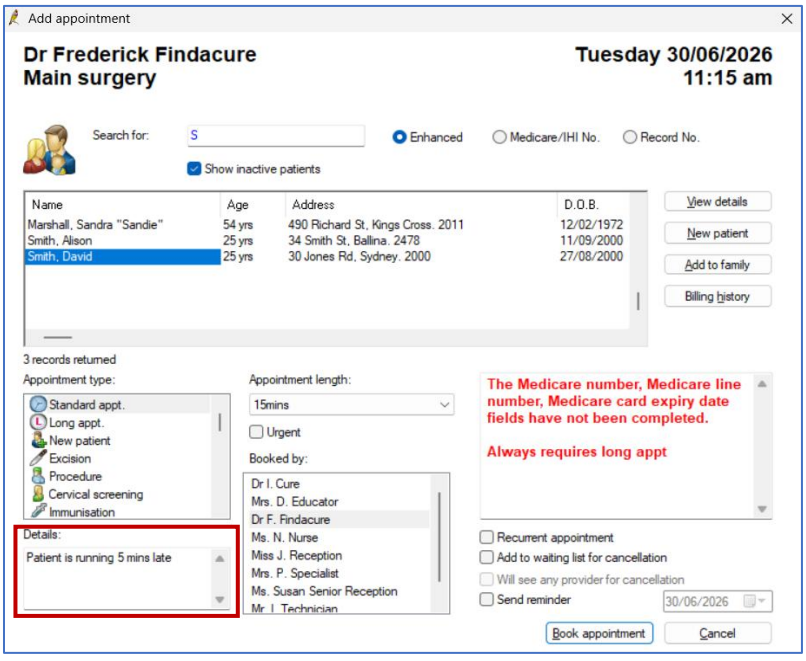


1 **Highlight the patient in the waiting room**

2 **Right click > Edit appointment details**

3 Add notes in the **details** box

4 **Save**

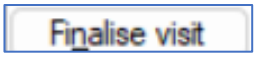


Topic 4 – Billing

Communicating Item Numbers to bill/Finalise Visit

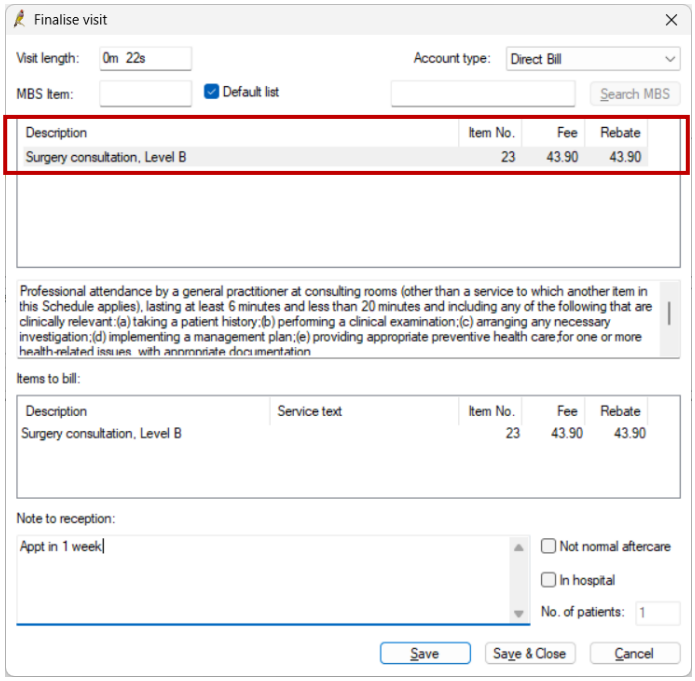
Billing the patient is the final step in the Bp Premier Workflow. Billing can be processed from either the Waiting Room or the Appointment Book screen and is dependent on the clinician communicating the correct information (Item number/s and billing type) marking the finalisation of the visit.

Clinicians enter Item numbers via the **Finalise Visit** button in the patient record.

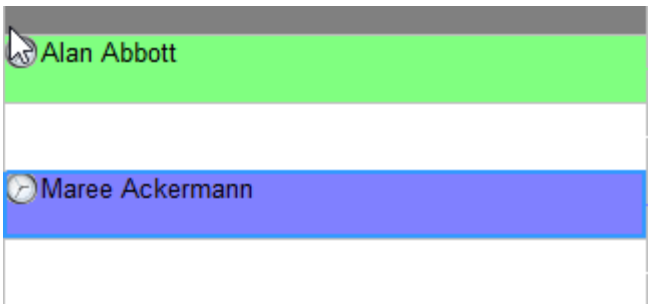


Doubleclick to ensure the item number displays in the Items to bill section at the bottom of this screen.

A note can also be written to reception.

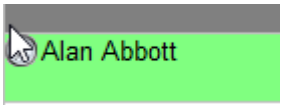


Once the item number has been entered the patient will display in green in the appointment book, showing the appointment is ready to be billed.

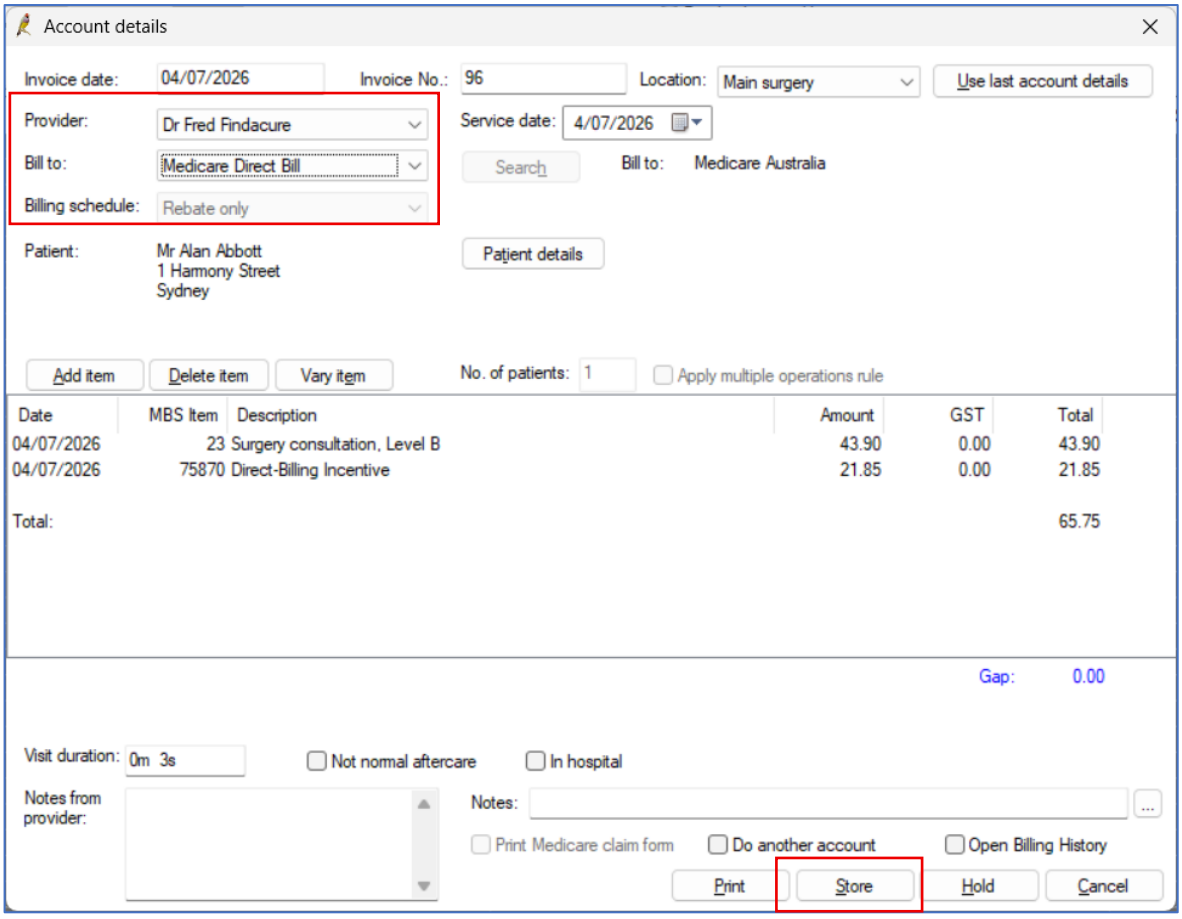


Bulk Billing

Once the patient displays in green in the appointment book it means the item number/s has been entered and the account can be created.



1. **Highlight the appointment and double click** to open the Account Details screen
2. Check the following details
   - Provider
   - Bill To: 'Medicare Direct Bill' OR 'DVA Direct Bill'
   - Billing Schedule: Rebate only
3. If an item requires notating to send to Medicare, double click on the item description and add **service text** in the Service details field (e.g. 'Not a duplicate service' if more than one consult on the same date for the same patient).
4. Select **Store** to save the claim for batching and sending to Medicare.
5. The appointment will change colour to grey (Completed) in the Appointment book.



Held Acounts

This feature is used to create an account when the details cannot be finalsied at the time of the visit. This could be because the patient is a newborn and does not yet have a Medicare card or the billing item chosen is dependant on the return of pathology results not yet available. In these circumstances it may be necessary to create a Held Account that can be finalised when the relevant information becomes available under Management > Held Accounts from the main screen.

To create a Held account, instead of selecting **Store** when creating a bulk billing account, select **Hold** on the Account details screen.



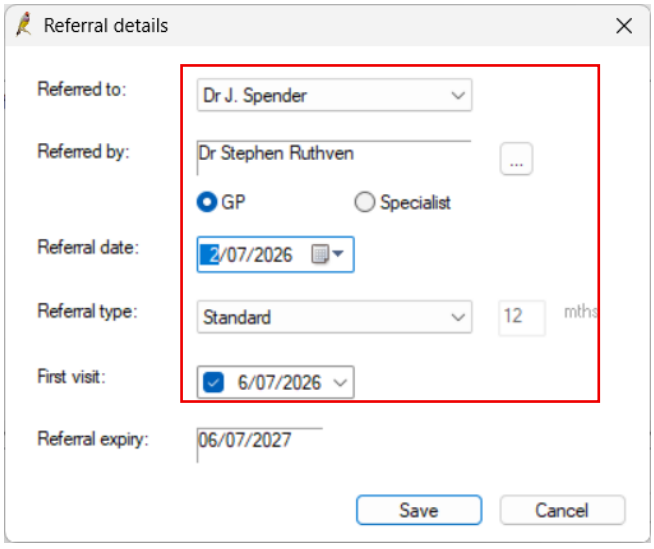
Referral billing

If the Provider and the MBS item you are using in an invoice requires a referral, the Referral details field will appear in the account details screen when creating an account. Referral details can also be added from the patient demographic screen using the 'Referrals detail' button.



Enter the following information to add referral details:

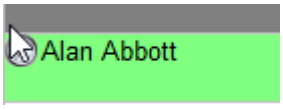
1. **Select the provider** being Referred to from the drop-down list
2. **Select the referrer** by clicking on the '…' button
3. **Tick GP or Specialist** to indicate the category of the referrer
4. **Enter the referral date** on the document.
5. **Select the referral type**
6. **Enter the first visit date**
7. **Save**



Note: The referral period starts on the first visit date on this screen and is used to calcualte the expiry date.

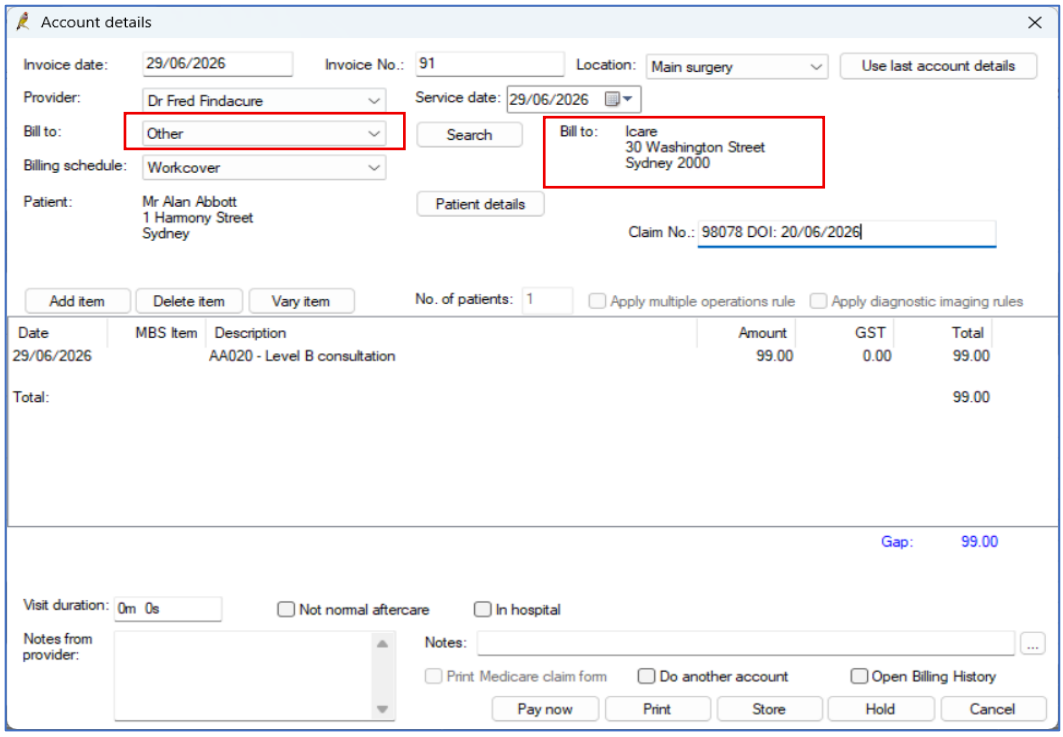
The Referral details field will be populated if you have previously invoiced the patient using this referral, there is a first visit date on the referral and the referral is not expired.

Workers compensation billing



It is sometimes necessary to create an account for third party such as an insurance company or employer for a patient visit resulting from a work-related injury or illness. This is referred to as workers compensation billing and the billers are called 'Account Holders' in Bp Premier.
Once the patient displays in green in the appointment book it means the item number/s has been entered and they are ready to be billed.

1. **Highlight the appointment** and **double click** to open the Account Details screen:
2. In Bill to: Select '**Other'**
3. Select the **Account holder using the Search button** (e.g. Insurance company)
4. Billing Schedule: **Workers Insurance (or similar set of custom fees relating to workplace injury consultations)**
5. Enter the **Claim Number** (if known)
6. Enter the **Date of Injury** (if known)
7. Tick '**Open Billing History'** if you would like to send the account via email from the Billing History screen after storing.
8. Select **Store** to save the account or **Print** (to save and print a copy of the account.
9. The appointment will change colour to grey (Completed) in the Appointment book.

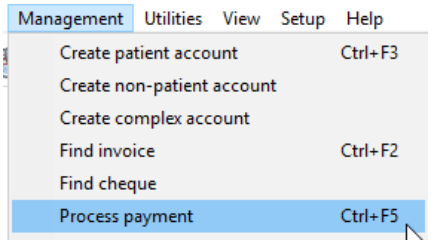


Note: Select the **Use last account details** button to re-use a previous account to save time having to re-enter account details.
Note: Add new account holders from the main screen under **View > Account Holders > Add new.**

Topic 5 – Payments

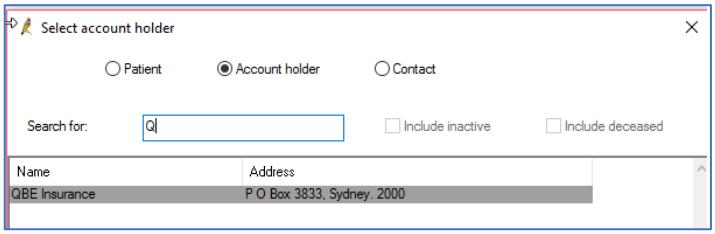
Entering Payments after date of visit (Account Holders)

From the Main Screen



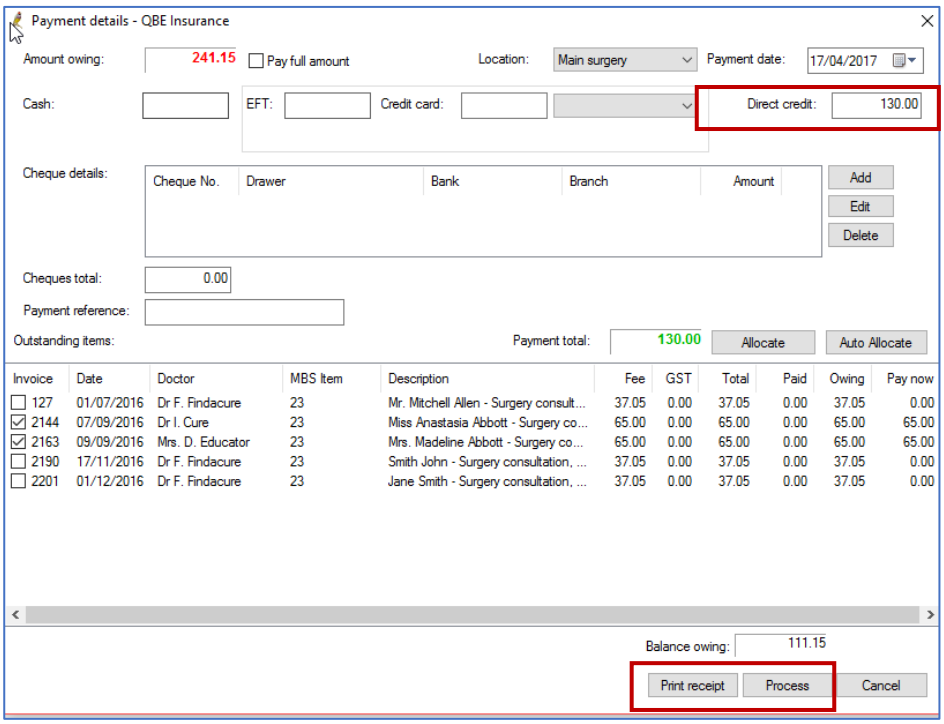
1 Select **Management > Process payment**

2 Select **Account Holder** and search by name and select.



3 In the payment method box eg. **enter the amount received**.

4 **Tick the boxes to allocate the payment against the correct patients & invoice/s**.



5 **Print Receipt** or **Process** (if printed receipt not required).

Emailing Invoices and Receipts

Invoices and payment receipts can be emailed to a recipient from the Billing History screen.

To email an invoice or payment receipt:

1 Open **Billing History** (Management > Patient Billing History / Account Holder History)

Note: Tick Open Billing History when creating an account to send directly from the invoice creation screen.

2 **Select a transaction in the list** (either an invoice line or a payment line)

Note: You must first tick the 'Show payments/deposits' to see payment lines (highlighted in purple).

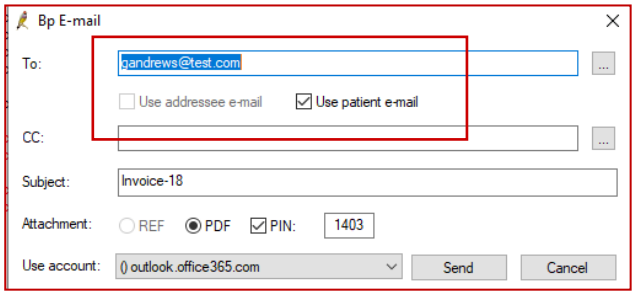
3 Click **Email** button

4 Enter the addressee details including:

To: Email address

Cc: copy email address

Note: If the addressee has an email address recorded in Bp Premier, tick 'Use Addressee email' to autopopulate the email address.

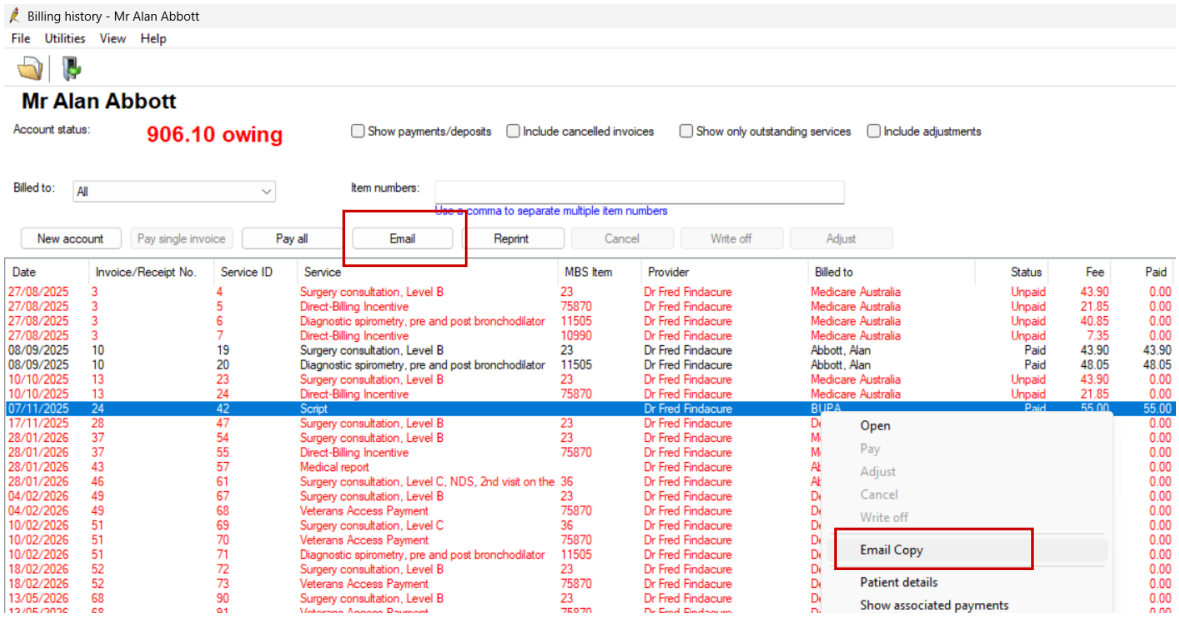


5 **Subject:** Enter the subject of the email (e.g. 'invoice' or 'payment receipt')

6 Tick **PIN** to enable passcode protection (if required)

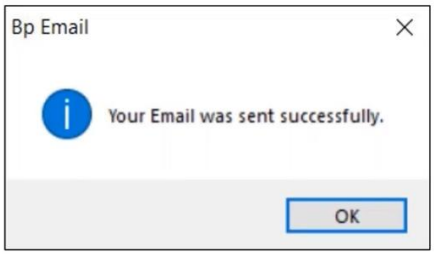
Note: the PIN number will default to DDMM (from the patient date of birth).

7 Click **Send**



The invoice or payment receipt will be sent as a PDF attachment to the recipient/s.

Once the email has been successfully sent the following message will display.

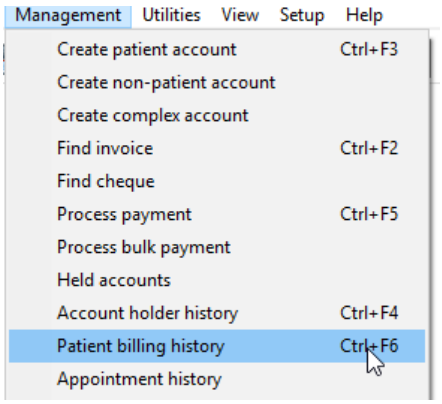


8 Click **OK**

Note: the outgoing email body text can be configured in Setup > Configuration > Email
Note: Set the default PIN setting for outgoing emails in Setup > Preferences > General > 'Default to PIN protected patient emails'.

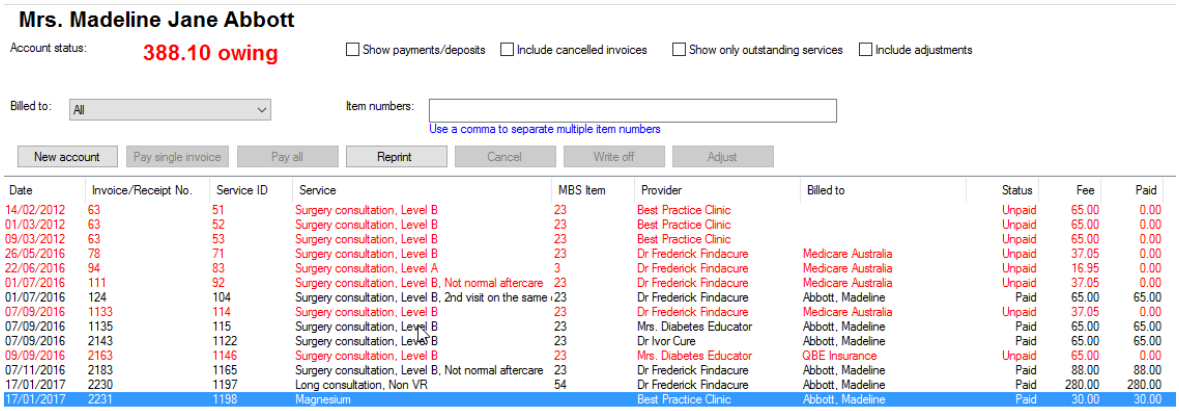
Viewing patient billing and visit history

View history from the Main Screen:



1 Select the **Management** dropdown menu
2 Select **Patient billing history**
3 **Search for the relevant patient** when prompted and **select.**

The patient's entire history will display including detail of every visit, who the patient saw, how the patient was billed, whether they paid and associated invoice and receipt numbers.



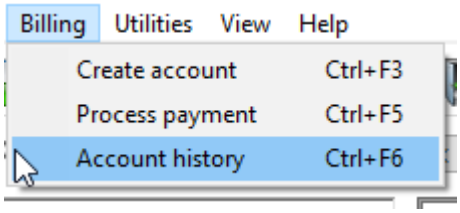
Date	Invoice/Receipt No.	Service ID	Service	MBS Item	Provider	Billed to	Status	Fee	Paid
14/02/2012	63	51	Surgery consultation, Level B	23	Best Practice Clinic		Unpaid	65.00	0.00
01/03/2012	63	52	Surgery consultation, Level B	23	Best Practice Clinic		Unpaid	65.00	0.00
09/03/2012	63	53	Surgery consultation, Level B	23	Best Practice Clinic		Unpaid	65.00	0.00
26/05/2016	78	71	Surgery consultation, Level B	23	Dr Frederick Findacure	Medicare Australia	Unpaid	37.05	0.00
22/06/2016	94	83	Surgery consultation, Level A	3	Dr Frederick Findacure	Medicare Australia	Unpaid	16.95	0.00
01/07/2016	111	92	Surgery consultation, Level B, Not normal aftercare	23	Dr Frederick Findacure	Medicare Australia	Unpaid	37.05	0.00
01/07/2016	124	104	Surgery consultation, Level B, 2nd visit on the same	23	Dr Frederick Findacure	Abbott, Madeline	Paid	65.00	65.00
07/09/2016	1133	114	Surgery consultation, Level B	23	Dr Frederick Findacure	Medicare Australia	Unpaid	37.05	0.00
07/09/2016	1135	115	Surgery consultation, Level B	23	Mrs. Diabetes Educator	Abbott, Madeline	Paid	65.00	65.00
07/09/2016	2143	1122	Surgery consultation, Level B	23	Dr Ivor Cure	Abbott, Madeline	Paid	65.00	65.00
09/09/2016	2163	1146	Surgery consultation, Level B	23	Mrs. Diabetes Educator	QBE Insurance	Unpaid	65.00	0.00
07/11/2016	2183	1165	Surgery consultation, Level B, Not normal aftercare	23	Dr Frederick Findacure	Abbott, Madeline	Paid	88.00	88.00
17/01/2017	2230	1197	Long consultation, Non VR	54	Dr Frederick Findacure	Abbott, Madeline	Paid	280.00	280.00
17/01/2017	2231	1198	Magnesium		Best Practice Clinic	Abbott, Madeline	Paid	30.00	30.00

View billing history from the Appointment book:

To check what the patient was billed following a visit today:

4 Click on the patient in the appointment book to highlight their name (they would be in grey to indicate a completed visit)

5 Select the **Billing** dropdown menu



6 **Account history**



Note: transactions in red are unpaid accounts. To view payments, tick 'Show pamyents/deposits'

Viewing Account Holder history

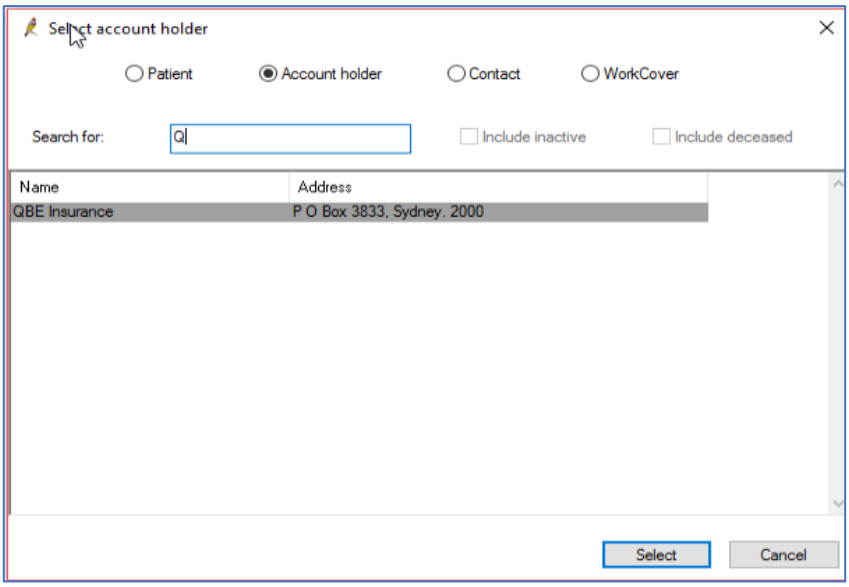
View billing history from the Main Screen:

1 Select the **Management** dropdown menu

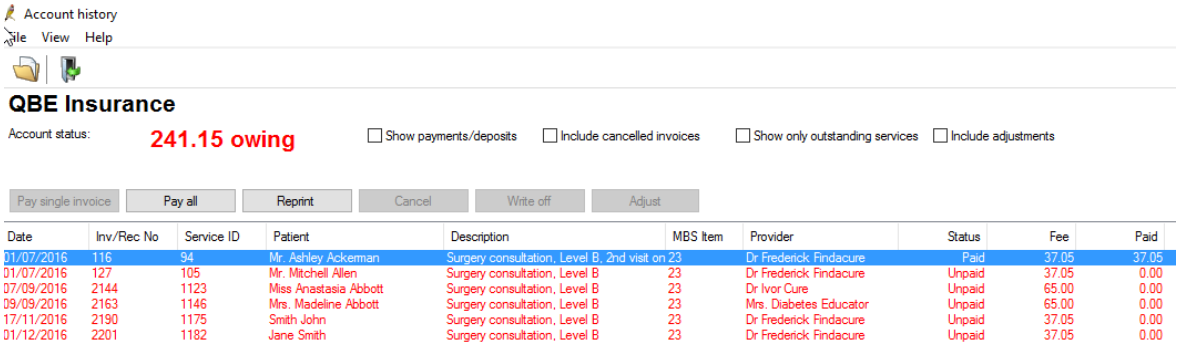
2 **Account holder history**

3 Select the **Account holder** radio button

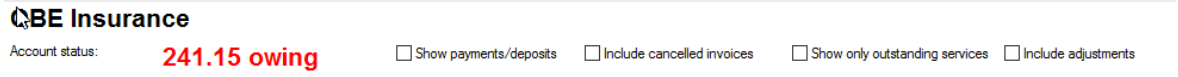
4 **Search** for the relevant Account holder when prompted and **select**.



Note: Type an * in the Search for: box to display your complete list of Account Holders.

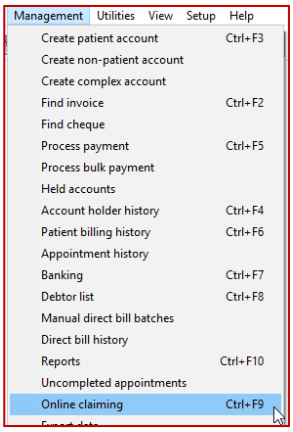


Tickboxes such as ‘Show payments’ will display further detail if required.



Topic 6 – Online Claiming

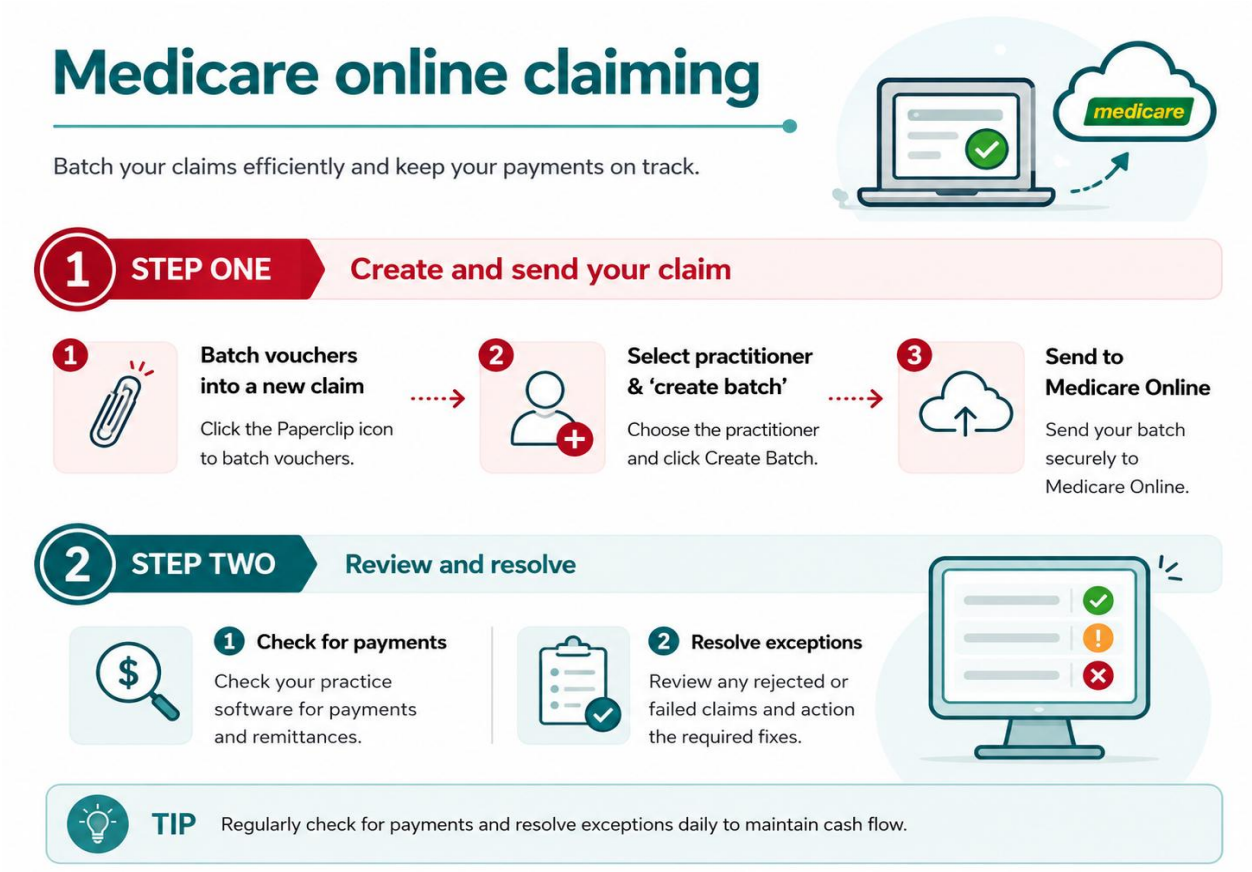
Batching and sending claims to Medicare / DVA



Batching is the process whereby Medicare direct-billing vouchers are grouped together for each doctor into a bulk claim. Each direct claim is totalled, allocated a claim number then sent to Medicare for payment.

Payment will be received as a lump sum according to the total claimed and receipted off relevant patient accounts. 'Exceptions' are when there are errors in a claim, for example an invalid item number. Medicare will advise of any exceptions and they then need to be resolved – either accepted (eg Medicare paid the correct amount) or resubmitted (eg Medicare did not pay any amount due to incorrect billing).

Overview of Medicare Batch Claiming Process

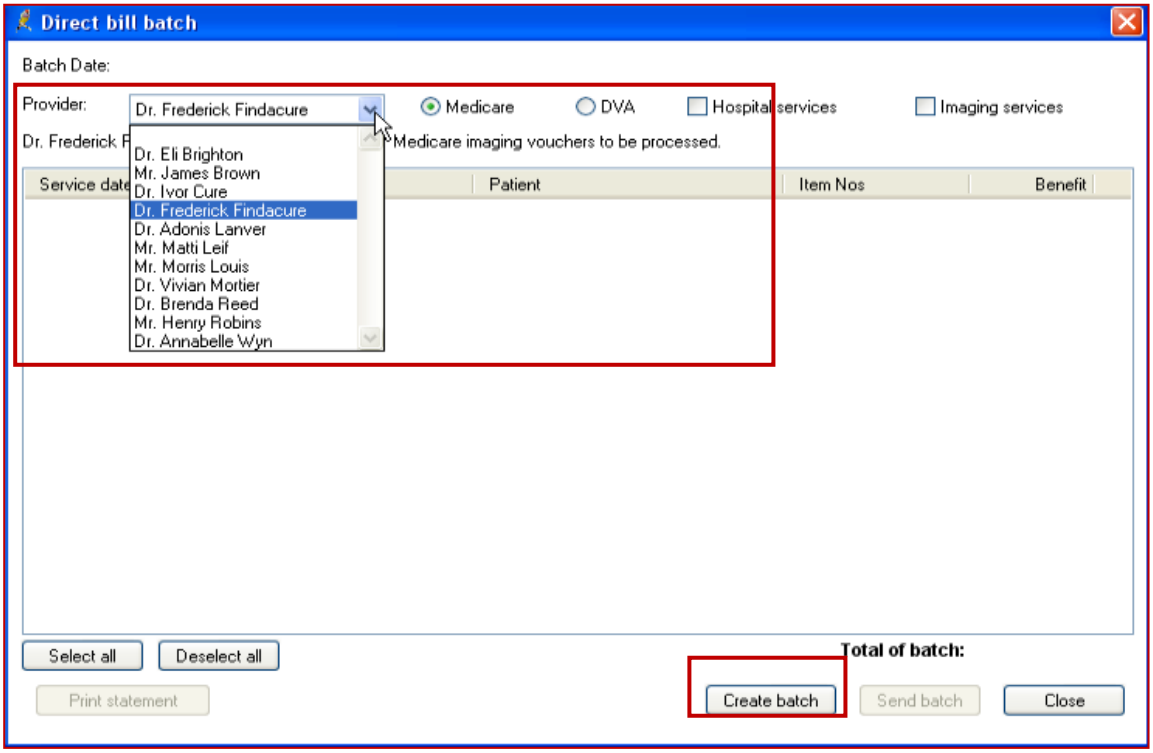


Batching Direct Bill Claims & sending to Medicare

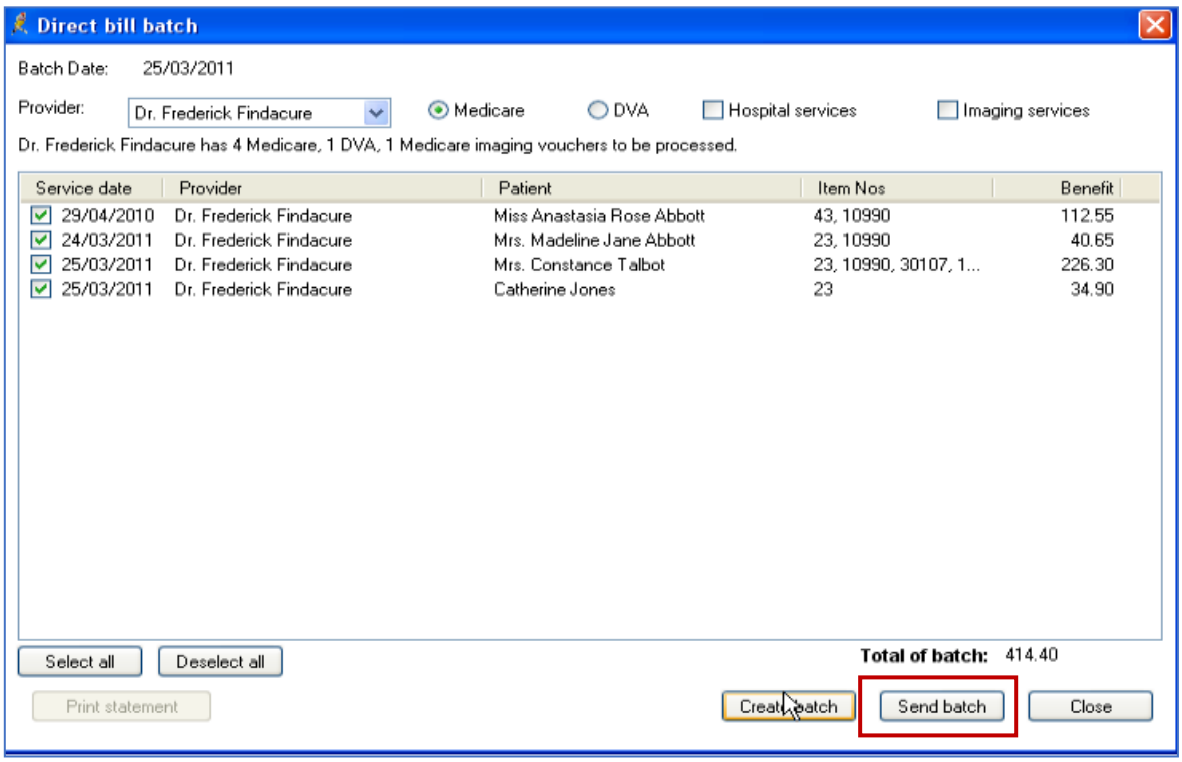
1 Click on **Management > Online Claiming** from the main screen.

2 Click on the **Paperclip Icon** to create a new direct bill claim.

3 **Select the Provider** and whether the batch is Medicare, DVA etc.



4 Select **Create batch**. This will list each direct bill voucher per provider in a list for checking. The tickboxes also allow you to deselect any vouchers if you do not wish to send them at this stage.



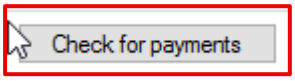
5 Select **Send batch**.

Once you have sent the batch the **Print statement** button will become enabled allowing you to print a statement of the claim you just sent.

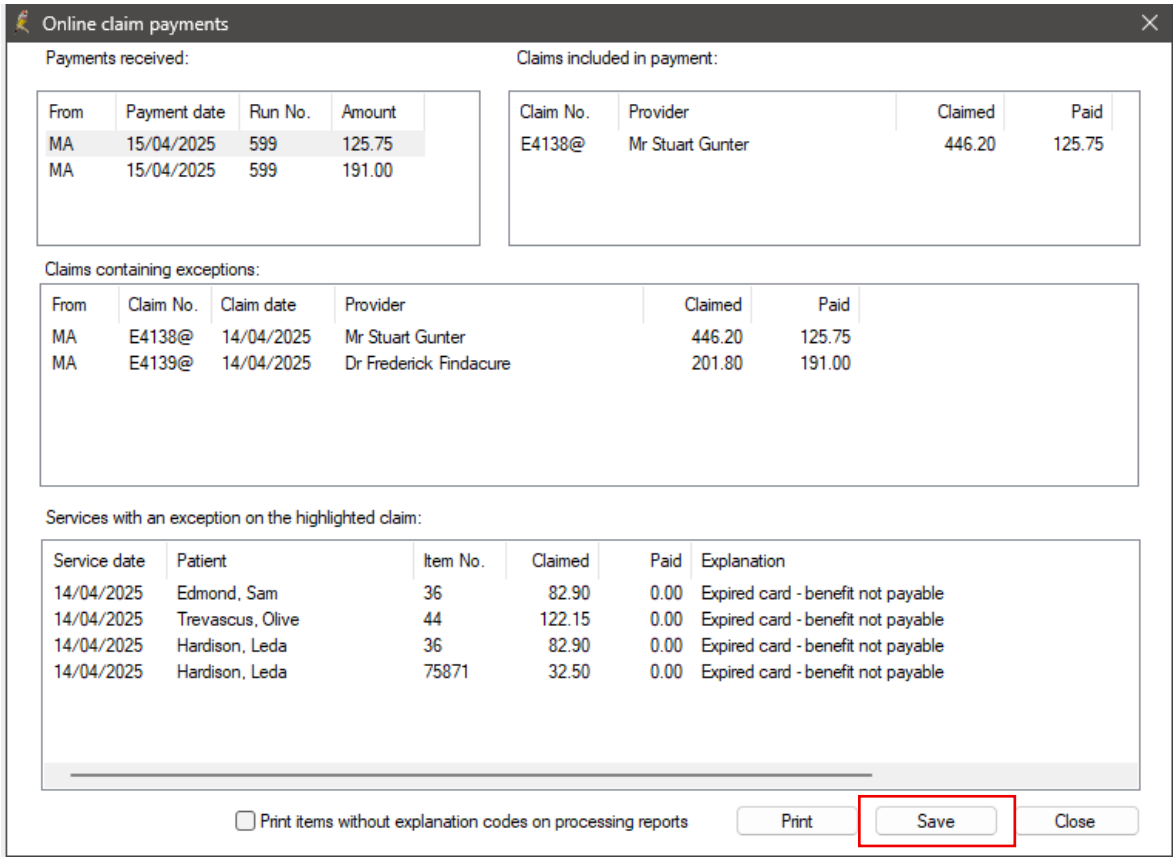
Checking for Medicare/DVA Direct Bill Payments

At least once per day, staff should check for payments, so that new batch payments are updated in Bp Premier and any unpaid claims can be reviewed and actioned.

1 Select **Management > Online Claiming** from the main screen.

2 Select the **Check for Payments** button 

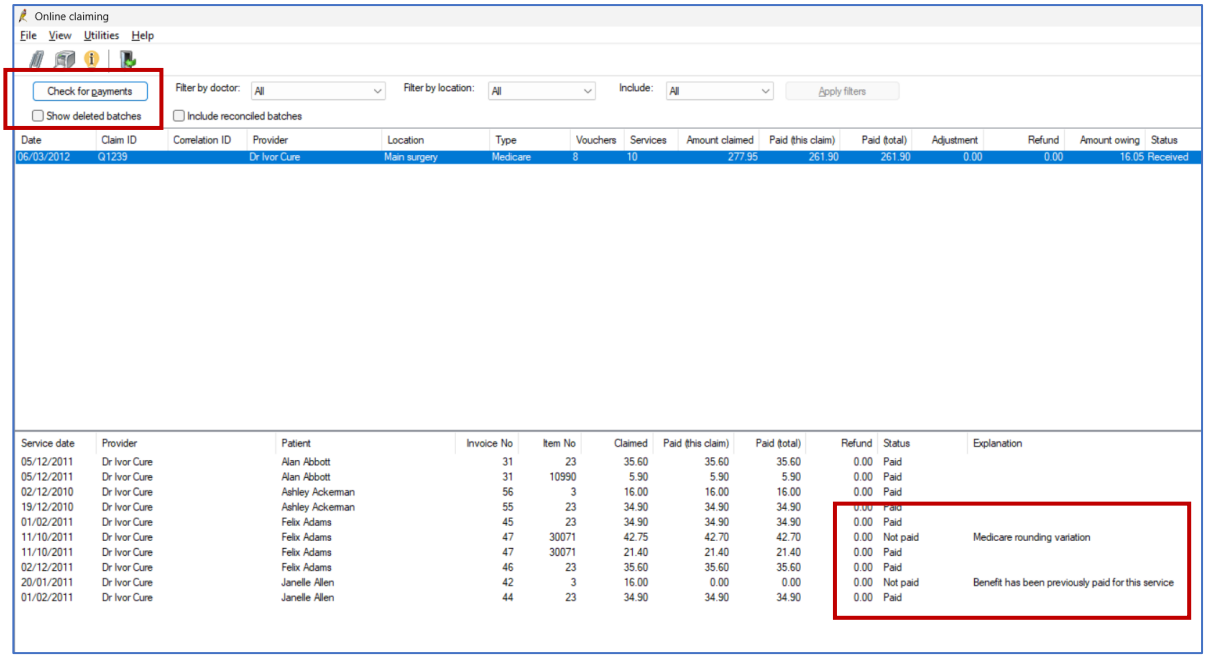
Bp Premier will connect to Medicare. The Online Claim Payments screen will display showing returned payments and exceptions.



3 **Tick Print items without explanation codes on processing reports** to show all services claimed on the report regardless of whether they had an error. Normally these are not shown.

4 **Click Save** to update all batches and save payment receipts.

The online claiming screen will display with the top section of the screen will display the Claim Nos, totals and when the Claim is highlighted in the top section, the detail of vouchers within that claim are displayed in the bottom section



The bottom section also displays the detail of patients with Medicare 'exceptions'.

You will note claims' Status changes are as follows:

Status type	Possible status
Batch Status	**Unpaid** – batch has been transmitted to Medicare / DVA but has not been processed.
	Reconciled - batch has been paid in full or any errors have been rectified and resubmitted in another batch. The total amount claimed equals the total paid plus adjustment columns. These batches will be removed from the default list of batches displayed in the **Online claiming** screen.
	Received – there were errors on the batch and the batch has not been totally paid.

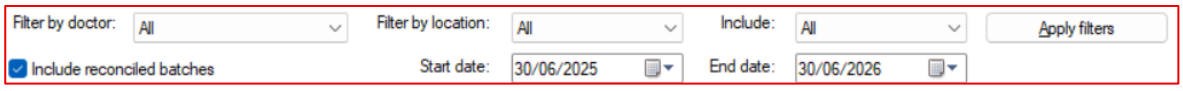
Note: Reconciled batches will disappear from view (assuming you have finished dealing with these as they are fully reconciled.

To view reconciled claims:

5 Tick 'Include reconciled batches' from the top of the Online Claiming screen

6 Enter the required parameters and

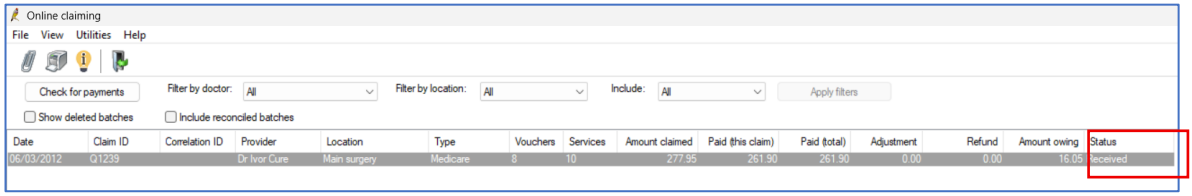
7 'Apply filters' to find a batch.



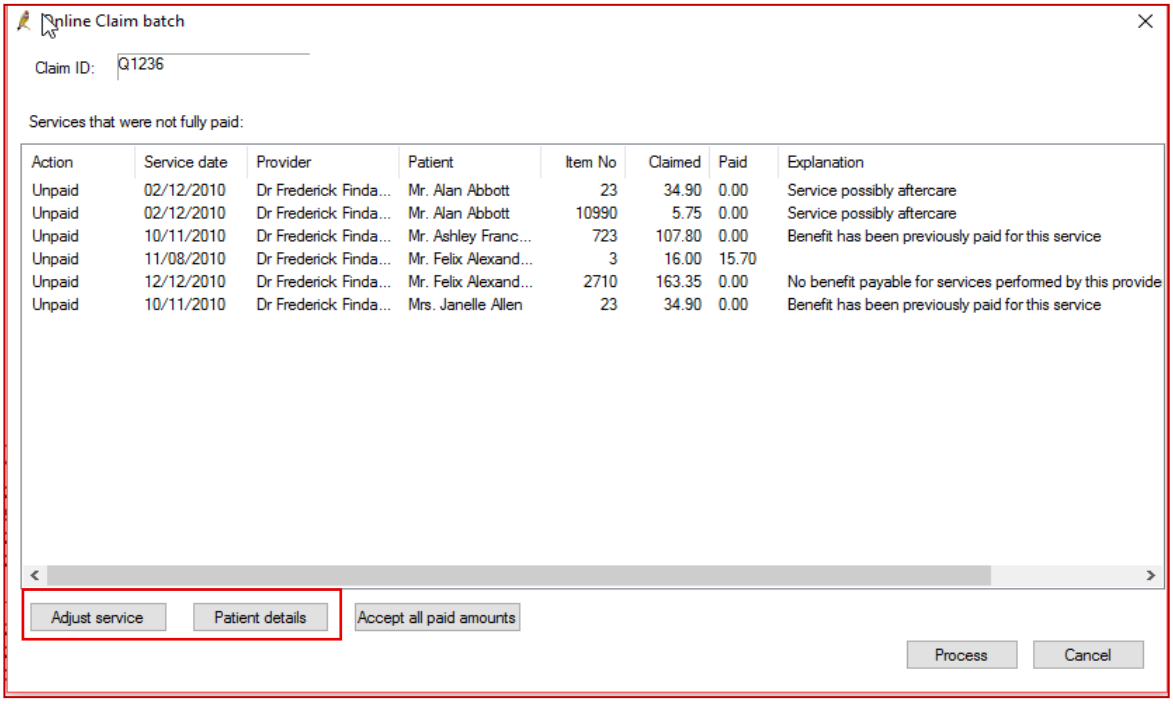
Resolving Exceptions

Once the check for payments has been completed, claims that have a difference between the amount claimed and the amount paid will have the status **Received**. You can reconcile batches with a 'received' status from the **Online Claim batch** screen.

1 From the main screen, select **Management > Online Claiming.**



2 **Doubleclick on the Claim number you wish to open and 'resolve'** from the top section of the screen. This will display a list of the services within that claim requiring action with the **Explanation** given by Medicare for the difference in payment.



3 **You have 3 options to reconcile unpaid services from this screen**

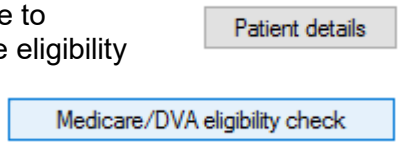
- Accept all paid amounts – same as Accept fee and marks the claim as Paid.
- Adjust Service – Allows you to adjust the service, making any changes required.
- Patient details – opens patient details so Medicare details can be verified

4 **Work through each service listed** by selecting it in the list and choosing one of these 3 options.

Options to reconcile unpaid services

Field	Description
Mark as fully paid	Should only be used when advised by Best Practice support. This option marks the item as paid at the amount claimed, not the amount paid. An example is multiple operations that are misinterpreted and paid in reverse. Say, two biopsies are claimed, #1 at $50 and #2 at $25. When received, #1 paid $25 and #2 paid $50. The total amount paid is still the same, but has been incorrectly allocated. Select **Mark as fully paid** to allocate the amounts correctly.
Resend service	Select if you want to change the invoice significantly. This will change the status of all the unpaid items in the invoice to 'Resent'. You can then adust the invoice from the **Patient Billing History** screen.
Change Item number	Select if you want to change the item number claimed. Click **Change** to display a list of item numbers. Select the correct item number, enter any applicable **Service text** and click **OK**.
Edit Voucher details	Select if you want to add additional details to the invoice, such as **No of patients**, **Notes**, or **Not normal aftercare**. Click **Save** to update the details.
Edit Service Text	Select if you want to change or add service text for this item.
Accept fee of	Select if the item has been short paid and you want to mark the item as fully paid and don't want to resubmit it.
Change billing	Select if this service will not be paid by Medicare or DVA and you wish to change the billing type to another method. The service will be removed from the current batch. When you view the account in the **Patient Billing History**, the **Billed to** field will reflect the change.
Write off	Select to write off this service. Writing off removes the service from the batch. When you view the account in the **Patient Billing History**, the **Status** field will show **Written off**.

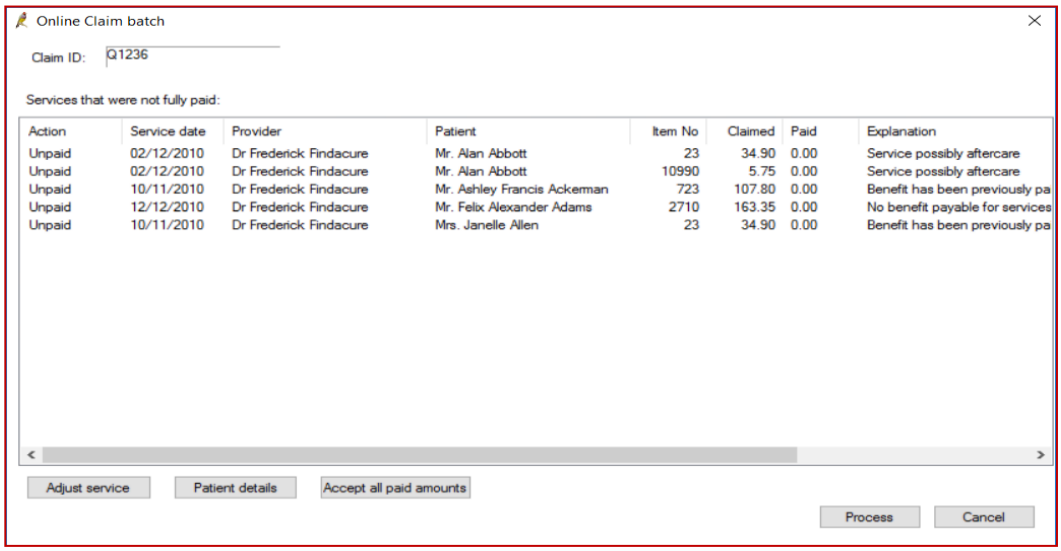
5 **Patient Details**: Select this option If the voucher was rejected due to incorrect patient details, correct the details and (perform an online eligibility check).

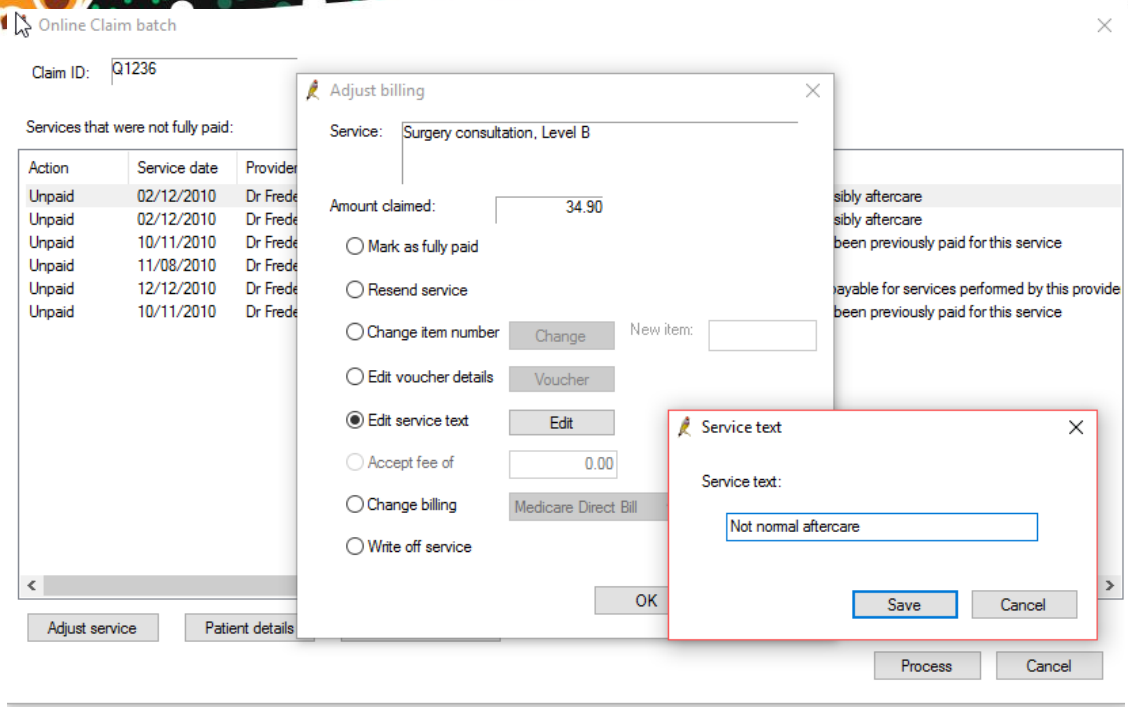


6 **Adjust Service:** Select this option If the voucher was rejected for another reason.



Depending on the reason for the 'exception' you may need change the item number (on instruction from billing practitioner), Edit voucher details, edit service text or Change billing (in the case of a rejected Veteran direct-bill that should have been billed to Medicare).





7 **OK**

8 Once each 'exception' has been resolved, select '**Process'.**

Any vouchers being resent will be located in today's claim (with the correct visit dates intact) for resubmitting to Medicare.

Topic 7 – Scanning and Importing Files

Scanning and Importing files

Scanning (or importing) files into BP Premier can be done in 2 ways:

1. Individually within the patient record (clinical file access is required), or

2. In bulk using the 'Bulk Document Import' tool.

Import/Scan directly into patient record

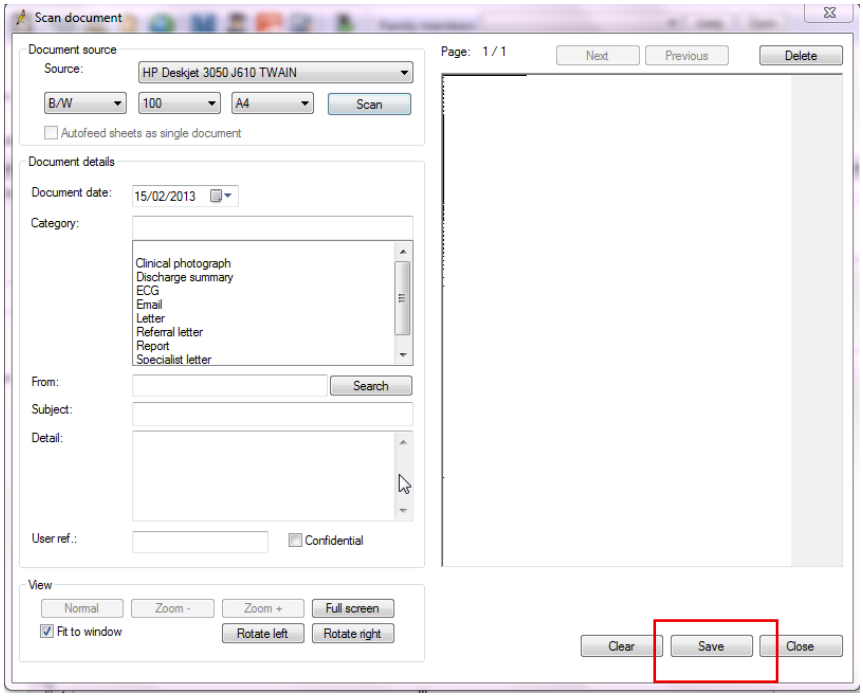
1 **Open the patient record** and select the required section you wish the document to be scanned or imported into eg. Correspondence In or Clinical Images.

2 Select **Scan** and then **select Scan** again when the next screen appears or **Import for digital files already saved.**

3 **Change the date** to the date of the document/test and select the appropriate category of document.

4

5 **In the 'From:' box search Contacts** and select or add new contact if not found.

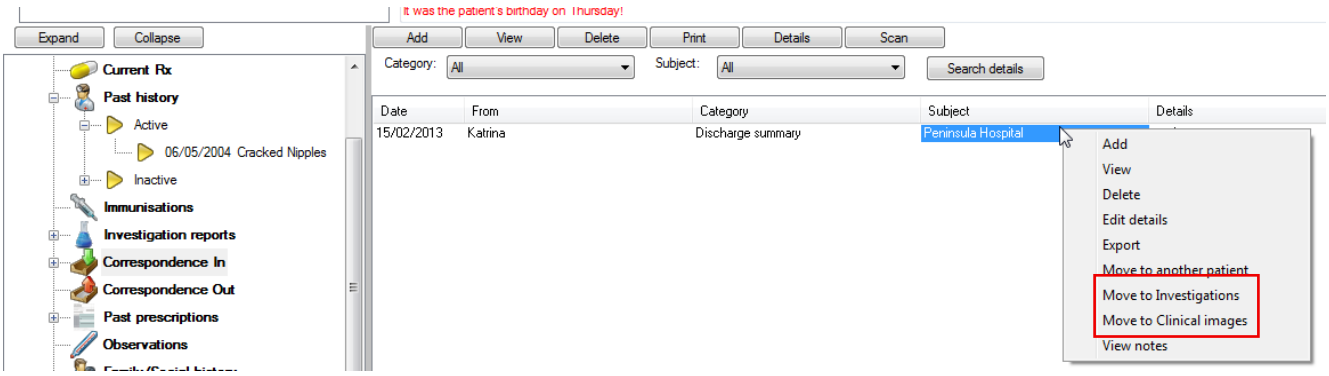


6 **Add Subject**, any extra relevant details and add User Ref (initials) to track who scanned/imported the document.

7 **Save** and **select next** to continue scanning if required.

Editing Scanned/Imported Document Details

Once saved, document details can be edited or moved to a different section in the patient record as required by right clicking on the document. Select Move to Investigations or Move to Clinical Images.



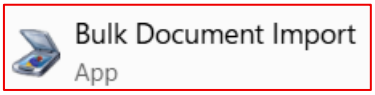
Bulk Document Import Tool (BDI)

Bp Premier has a tool that can be used to scan/import documents in bulk. This means that staff do not necessarily need access to patient records to scan. The process includes 3 steps:

1. Import the documents from file, scanner, or camera.
2. Edit the image. This step is optional
3. Send the documents to a provider's Inbox, or send to a patient record.

To open the Bulk Document Import tool (BDI) enter 'Bulk' in the 'Search' field in the Windows task bar at the bottom of the screen.

Double click on the Bulk Document Import App to open

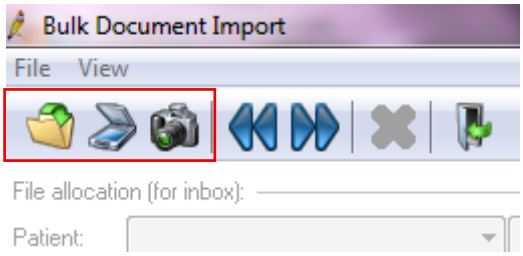


1. **Enter your login details**
2. **Select** from one of the following 3 options


to import files stored in a folder on your computer or

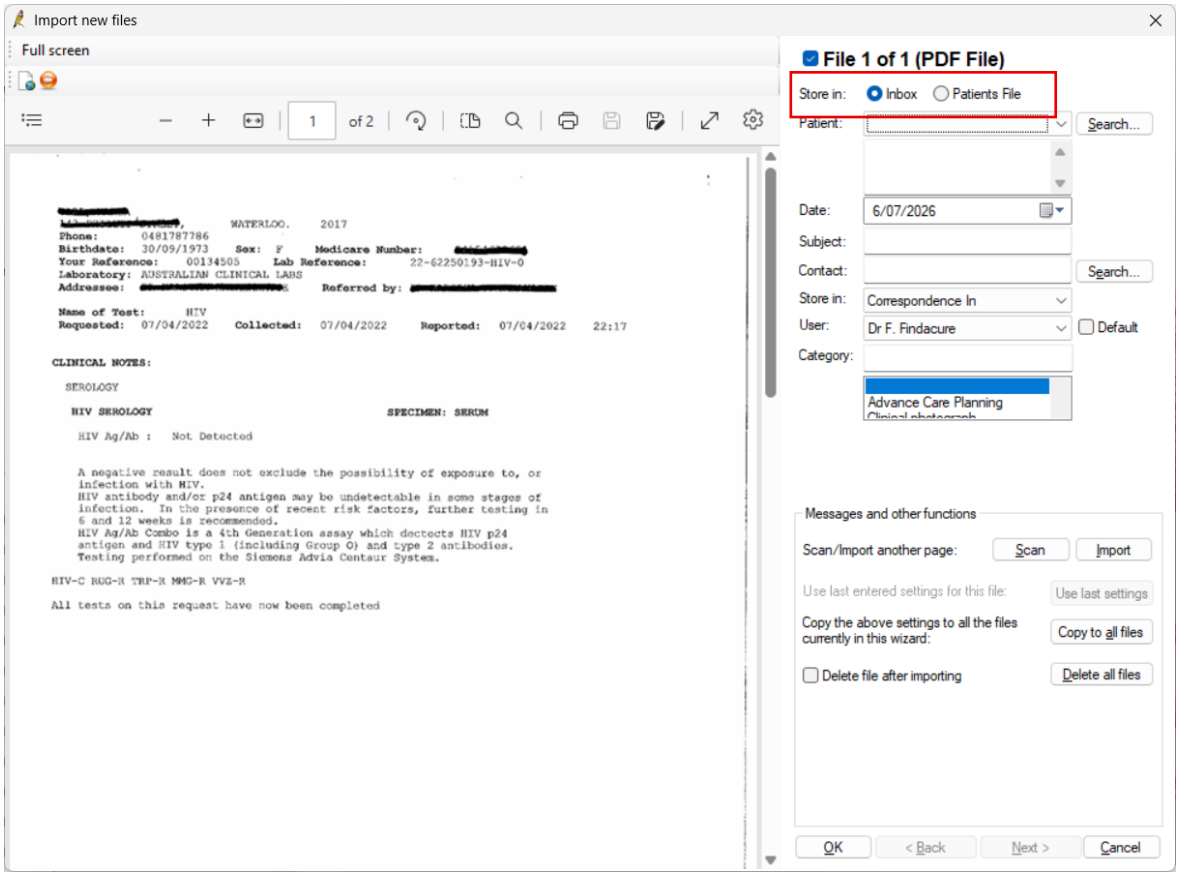

to import from a connected scanner. Or


to import from a camera.



3. If importing, navigate to the file/s on your computer to be imported and select them. If scanning, the documents will automatically be fed into the scanner and the Import new files window will be displayed.
4. You can now decide to import all files in bulk and assign later **> Select OK** OR
5. Assign the document details for each file in the list as follows:
6. Select either **Inbox or Patients file**

A very important distinction is then made between whether you are **storing in the Inbox** ie has not yet been seen by the clinician OR **storing in Patients' file** – has been seen (release mark on document needs to indicate this).



7 **Click on Patient** and search your database for the correct patient the document belongs to.

8 **Enter the date** of the actual test/document.

9 **Add a subject**,

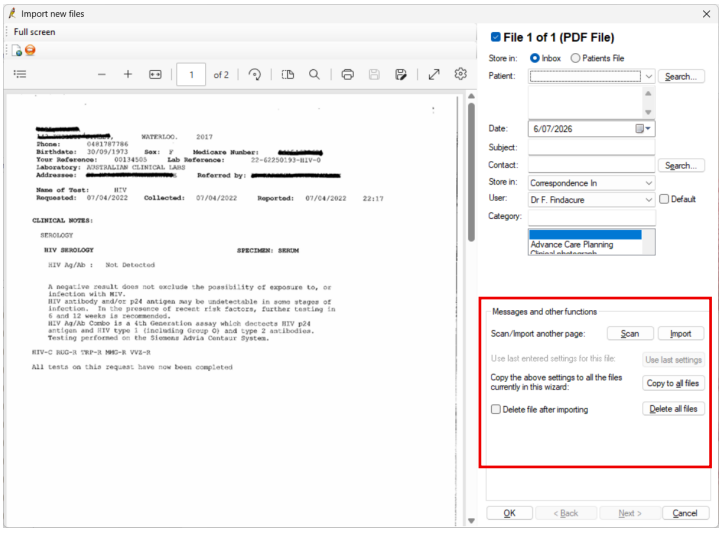
10 **Add a contact (sender)**

11 Choose a storage location from the drop down list.

12 Select a Category

13 **Select a user** – this step tells Best Practice which Inbox to add this document to.

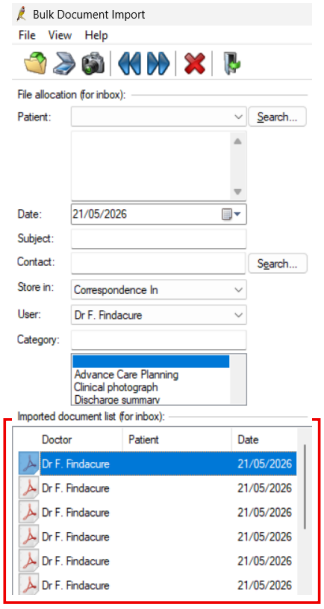
14 **Next**- to allocate the next document in the list.



Because you can scan (or import) multiple documents for multiple patients you then have a choice of whether you wish to save these settings to all the documents scanned or imported.

If importing, you also have the choice of **deleting the file after importing.**

Allocating documents after scanning/importing



You can choose to import/scan bulk documents and allocate details at a later time. Instead of completing all the details when importing the documents, select OK to import and the documents will be stored in a list on the left of the BDI tool.

This then allows the allocation at a later time.

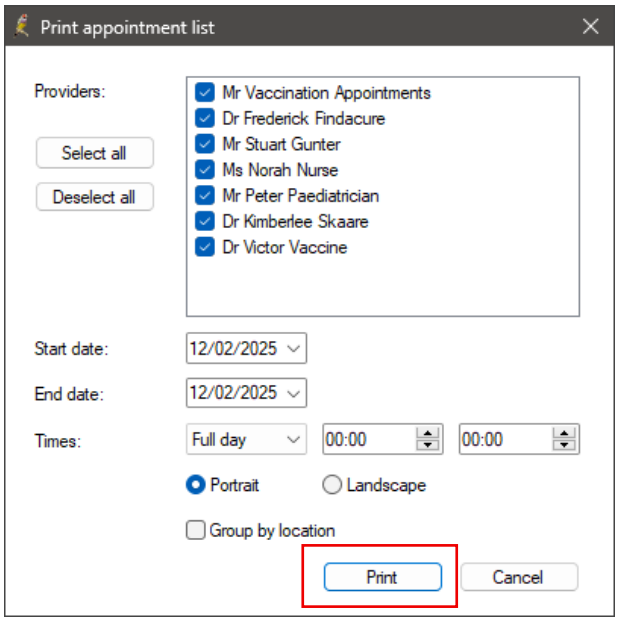
Note: Design a clear practice 'Document Management System' and ensure all staff understand the implications of accidentally storing a document that has not yet been seen, directly into the Patient's File.

Topic 8 - Reports

Each day it is advisable to print a list of appointments for each provider for the next day in case your computer system is unavailable for any reason.

Print provider appointment list/s

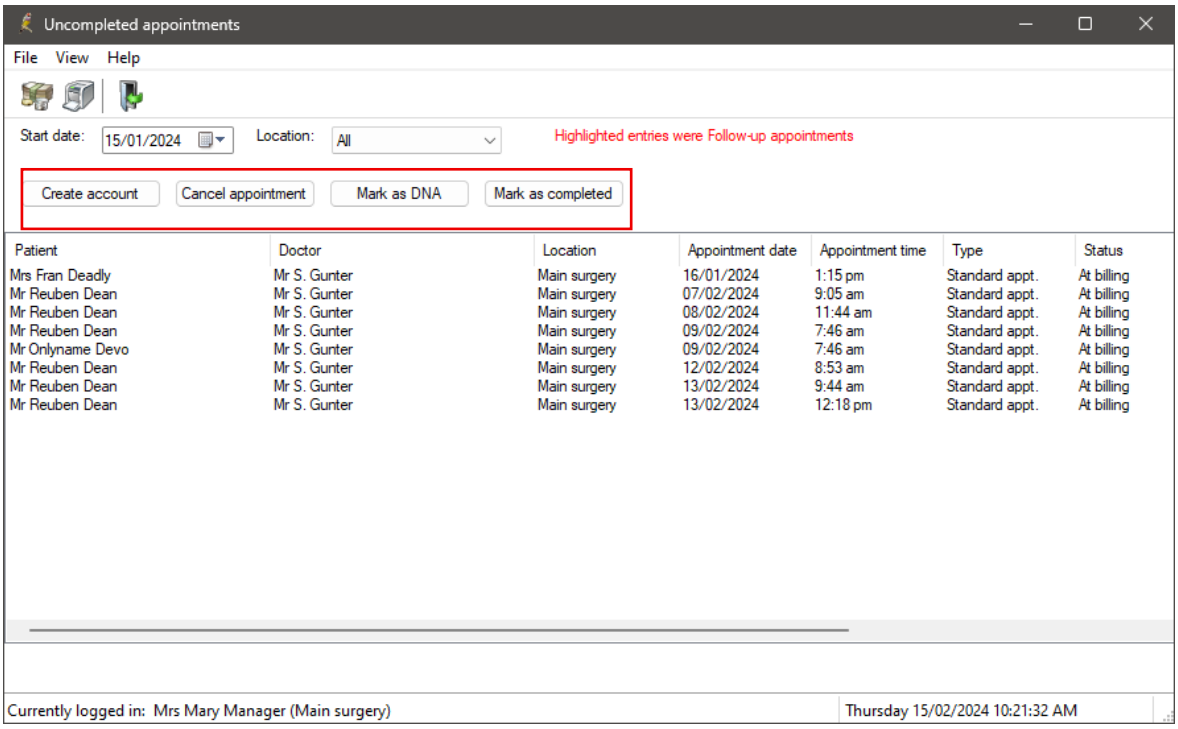
1. Select **File > Print appointment list** or press F9. The Print appointment list screen will appear.
2. **Tick the providers** to print appointment times for.
3. Select a start and end date
4. Select **Full Day** to include all appointments in the date range.
5. Tick **Landscape** to include patient contact details on the printout
6. **Tick Group by location** to group appointments by location on the report.
7. Click **Print.**



Resolve Uncompleted Appointments

The Uncompleted appointments screen shows all past appointments that have not been progressed to a Completed or Cancelled status. Use this report to create an account, cancel the appointment, or mark as Did Not Attend or Completed. This will ensure all appointments are finalised correctly.

1 From the main screen, select **Management > Uncompleted appointments**. Or, from the appointment book, select **View > Uncompleted appointments**. The Uncompleted appointments screen will appear.



2 Select a **Start date or Location** to filter the list by date and practice location.

3 **Select an appointment** from the list and click one of the following buttons:

Create account — Opens the Account details screen to process the account.

Cancel appointment— Marks appointment as Cancelled and removes the appointment from the list.

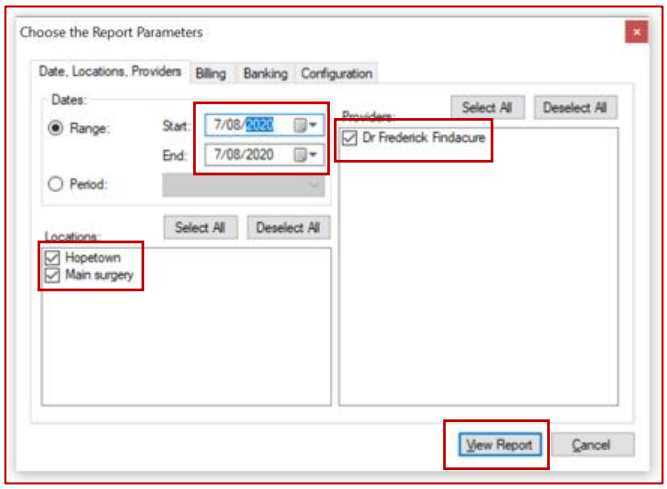
Mark as DNA— Marks the appointment as Did Not Attend and removes the appointment from the list.

Mark as completed— Marks the appointment as Completed and removes the appointment from list.

4 If you need more information, right-click an appointment and select to view patient details, the patient's billing history, or open the appointment book at the appointment slot. Double-click an appointment to open the account details for the appointment.

Work Done by Provider by date report

Use this report to verify all billings are correct at the end of the day before batching and sending claims to Medicare.



1 Select **Management > Reports**

2 Select **Work Done by Provider by Date**

3 Set the **start and end date range**

4 Tick the **providers and locations** to include

5 Select **View Report**.

The report will be printed to screen to view.

Sample report output

Work Done by Provider by Service Date — **Train IT Medical**

Report Period: 06/11/2020 - 06/11/2020

Time	Type	Patient Name	Invoice ID	Service Created Date	Item	Description	Billed To	GST	Total Fee
Dr Frederick Findacure - Hopetown								**0.00**	**388.65**
Appointment / Service Date: 06/11/2020								0.00	388.65
10:10	Procedure	**Maureen Andrews**	152	06/11/20	36	Surgery consultation, Level C, Revie	Medicare Australia	0.00	73.95
				06/11/20	10990	Direct-Billing Incentive	Medicare Australia	0.00	12.75
11:00	Cervical screening	**Sally Ashby**	153	06/11/20		Vaccine Type 2	Ashby, Sally	0.00	100.00
				06/11/20	3	Surgery consultation, Level A	Ashby, Sally	0.00	18.00
11:20	Long appt.	**Jo Antel**				No invoice			0.00
11:20	Standard appt.	**Alan Abbott**				No invoice			0.00
12:00	Immunisation	**Jenny Astor**	154	06/11/20		Medical Report	Test Account Holder	0.00	88.00
				06/11/20	23	Surgery consultation, Level B	Test Account Holder	0.00	45.00
12:30	Standard appt.	**David Anderson**				No invoice			0.00
12:50	Standard appt.	**Heather Andrews**	155	06/11/20	23	Surgery consultation, Level B	Medicare Australia	0.00	38.20
				06/11/20	10990	Direct-Billing Incentive	Medicare Australia	0.00	12.75

t

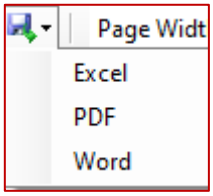
6 To Print a hard copy, select the **Printer** symbol at top of page.



To save the report to a file, select the **Save** symbol at top of page.

7 Select the format of the output file (e.g. Excel)

8 **Specify a file name** and then select **Save**



Keyboard shortcuts quick reference

Bp Premier Appointment book and Waiting room

APPOINTMENT BOOK	
Key	**Action**
F2	Find appointment
F3	New appointment
Ctrl+F3	Add account item
F4	Arrive patient
F5	Refresh screen
F6	To Do List
Ctrl+F6	Billing history
F7	Process payment
F8	Internal messages
F9	Print day sheet
Shift+F9	Print appointment list
F10	Account history
F11	Contacts
F12	Waiting room
Alt-key shortcuts	
Alt+A	Open next available appointment window
Alt+B	Open File menu (arrow keys to navigate)
Alt+C	Cancel highlighted appointment
Alt+F	Open Billing menu (arrow keys to navigate)

Alt-key shortcuts (cont.)	
Alt+H	Open Help menu (arrow keys to navigate)
Alt+N	New appointment
Alt+T	Navigate calendar back to Today
Alt+U	Open Utilities menu (arrow keys to navigate)
WAITING ROOM	
Key	**Action**
F2	Start visit
F3	Add to waiting room
Ctrl+F3	Create account
F4	View notes
Ctrl+F4	Close waiting room
F5	Refresh screen
F6	To Do List
Ctrl+F6	Billing history
F7	Process payment
F8	Internal messages
F10	Account history
F11	Contacts
F12	Waiting room