

Bp Premier Billing Software Conversion Guide

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This User Manual is sourced from the Best Practice Software Bp Premier Lava **Knowledge Base**.

Converting to BP Management from another billing package

If your practice uses another billing software package but is converting to Bp Premier's Management module, you must perform a series of steps to reconcile accounts and Medicare claims in the old software, and configure Bp Premier Management to start recording billing information and submit claims to Medicare.

Billing data cannot be converted from your existing billing package. You must manually recreate all billing components such as accounts, fees and fee schedules, and appointment book configuration.

It is assumed that the practice will use the Medicare Online Bulk Billing and Patient Claiming features of Bp Premier Management.

After conversion, you will need to set up the Management components and Medicare Online in Bp Premier. The following instructions and guides are available from the Bp Premier Knowledge Base:

- Bp Premier Management Setup Guide
- Bp Premier Guide to Medicare Online Setup for Single Location

Further documentation on all of the items below is available on the Bp Premier [Knowledge Base](#).

The conversion process can be summarised:

1. Contact Medicare to transfer your existing registration to your new Best Practice Minor ID (this process will take approx. 2 weeks).
2. If you plan to use Tyro Integrated EFTPOS with Best Practice, contact Tyro to order the terminals.
3. Set a date to transfer to Best Practice Management and transfer all outstanding accounts.
4. Obtain a new licence key from Best Practice Sales to activate the Management module.
5. Update each user to give them the appropriate permissions for Management functionality.
6. Configure Best Practice Management settings.
7. On the last day of using the old billing software, transmit all online Medicare and DVA claims via your existing billing package.
8. Deactivate link between BP and old billing package.
9. Begin using Best Practice Management.
10. Reconcile all accounts in the old billing package.
11. Configure Medicare Online in Best Practice.
12. Clear any existing AIR immunisation records from Best Practice, ready for new submissions.
13. Transmit all Medicare and DVA claims that have been created in Best Practice.
14. Review any outstanding accounts and claims in the old billing package.

STEP 1 TRANSFER MEDICARE REGISTRATION FOR ONLINE CLAIMING

Inform Medicare that you intend to change from the existing billing package to Bp Premier Management. Medicare requires a new Minor ID to be registered against the practice and doctors for new claims to be transmitted and received correctly from Best Practice.

The *Practice Details Form* for online claiming and *Payee Provider Banking Details Form* can be found in the list of Medicare forms at:

<http://www.humanservices.gov.au/health-professionals/forms/>

Contact Medicare after the forms are completed for further information, and to advise them on the date on which the practice will start using Best Practice Medicare Online. Medicare often takes up to two weeks to process this request for transfer. Step 3 provides advice on how to set a workable transfer date for your practice.

See **Setting up Online Claiming for single location** in the Bp Premier Knowledge Base for more information.

STEP 2 CONTACT TYRO TO ARRANGE FOR EFTPOS TERMINAL

If your practice uses a Tyro integrated EFTPOS solution with Bp Premier, you will need to provide Tyro with some updated details. Contact either:

- Tyro Customer Support Team on 1300 966 639
- Account Manager on (02) 8907 1717.

See **Configuring Tyro** in the Bp Premier Knowledge Base for more information.

STEP 3 SET A DATE TO TRANSFER TO BEST PRACTICE MANAGEMENT AND TRANSMIT ALL OUTSTANDING ACCOUNTS

Due to limitations with Medicare software, it not possible to use two billing packages simultaneously for Medicare Online. All Medicare and DVA claims need to be reconciled in the old billing package before Medicare Online can be configured in Best Practice. There is usually a period of 1 week where no claims can be transmitted.

The practice should decide on a date when the practice will transfer to Best Practice Management. Best Practice Software suggest choosing a Friday or Saturday as the last date for using the old billing package. On that date, all outstanding Medicare or DVA accounts are created and transmitted to Medicare and DVA.

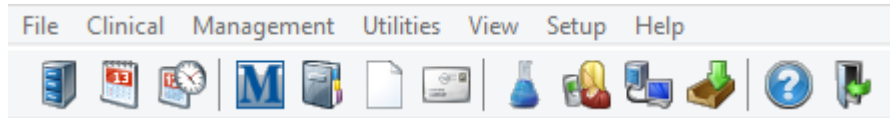
After outstanding Medicare and DVA accounts have been transmitted from the old software, initial configuration of Best Practice Management can start. Existing appointments can be manually transferred over from the old billing software, and staff can begin using Best Practice to create new appointments. However, NO CLAIMS can be transmitted in Best Practice until ALL CLAIMS are reconciled in the old billing package.

Some Management configuration items are listed in the following steps. See **Setting up the Management module for the first time** in the Bp Premier Knowledge Base for more information.

STEP 4 OBTAIN UPDATED LICENSE KEY

If your practice has been using Best Practice Clinical with a third-party billing package, you must purchase a new license for Best Practice Management. Contact sales@bpsoftware.net for pricing and to arrange a licence key and invoice.

After you receive your practice's updated license key, enter the key into **Setup > Practice Details** in Bp Premier. A new **Management** menu will become visible at the top of the main screen, and extra icons will appear in the toolbar, such as the Appointment Book and Waiting Room.



STEP 5 SET USER PERMISSIONS

To make the new module functions available under the Management menu, you must update permissions for users who will be using the new functionality.

Select **Setup > Users** from the main Best Practice screen. Select a user and click **Set Permissions**. Scroll to the bottom of the list and update each accounting-related permission to the appropriate setting for the user. See **Adding a new user** in the Bp Premier Knowledge Base for more information.

Click **Set Reports** to set the reports available to the user.

STEP 6 CONFIGURE MANAGEMENT SETTINGS

Sessions and Appointments

All doctor's sessions will need to be set up within Best Practice, and appointments transferred one by one from the old billing package. See **Setting up the Management module for the first time** in the Bp Premier Knowledge Base for more information..

Fees, Items, and Account Holders

All practice fees and custom practice items (for example, vitamins or books you may sell in the practice) will also need to be set up within Best Practice Management. See **Creating fees and schedules for non-MBS account items** in the Bp Premier Knowledge Base for more information.

If your practice bills hospitals or other third party account holders, you will need to create each of these organisations as account holders in Best Practice Management. Select **View > Account Holders** and click **Add new** to add a new account holder.

STEP 7 RECONCILE ALL MEDICARE CLAIMS IN OLD BILLING PACKAGE

Any Medicare or DVA accounts outstanding in the old billing package must be updated and successfully reconciled before submitting any online claims from Bp Premier. Medicare software does not allow multiple billing products to claim and receive payments from the online Medicare server. If you fail to reconcile all claims in the old billing package and begin using Bp Premier for online claiming, you will be unable to retrieve payments or process batch rejections.

On the date decided in Step 3, create all outstanding Medicare or DVA accounts in the old billing package and transmit to Medicare.

A minimum timeframe to reconcile any accounts would be at about 1 week, to allow any rejections and resubmissions of Online Claims that may still be outstanding to be dealt with.

Outstanding private, work cover, or other accounts can either be finalised in the old billing package, or manually recreated and sent from Bp Premier. The most suitable option depends upon the number of such accounts and whether the old billing package will be available for use in the future.

STEP 8 DEACTIVATE LINK BETWEEN BP AND PREVIOUS BILLING PACKAGE

The practice can now begin to use Best Practice Management.

On the Bp Premier server, select **Setup > Configuration > Links** and untick **Activate the link to another package**. Repeat this step on each Bp Premier workstation.

If you do not deactivate the link, Best Practice Management will not allow certain functions to be carried out, such as creating new patient records.

STEP 9 BEGIN TO USE BEST PRACTICE MANAGEMENT

Once all the outstanding Medicare and DVA accounts have been transmitted, the practice can begin to use Best Practice for patient accounts.



Important: *It is not possible to transmit any Bulk Bill Medicare, DVA, and patient claims to Medicare from Bp Premier until all claims have been reconciled in the old billing package.*

Staff can start billing patients and creating accounts from Bp Premier. Even though the practice may not have the ability to submit claims online to Medicare or DVA for a few days, practice staff can still create accounts. The accounts will remain in Bp Premier as 'Unsent', and can be sent to Medicare after Online Claiming has been set up in Best Practice.

STEP 10 STOP ACCOUNT CREATION IN OLD BILLING PACKAGE

After Best Practice Management has been set up and is in use, continue reconciling any outstanding accounts, if any, in the old billing package. If there are any remaining Medicare and DVA online claims that need to be reconciled with Medicare, do this now, until all claims have been settled.

Log out of all old billing workstations and the billing software server.



Important: *Do not create any accounts in the old billing package once the cut off date has been reached.*

STEP 11 SET UP MEDICARE ONLINE IN BEST PRACTICE

Once the reconciliation is complete within the old billing software, configure Best Practice Management to use online claiming. It is assumed at this point that the practice has verified with Medicare that their details are registered against the new practice Minor ID number.

See **Medicare and DVA integration** in the Bp Premier Knowledge Base for more information.

STEP 12 CLEAR AIR REGISTER IN BEST PRACTICE

In Bp Premier, immunisations that need to be transmitted to the **Australian Immunisation Register (AIR)** are written to the AIR register. When you are using a third-party billing package, this information is written to an interface file to be imported into the billing package and transmitted to Medicare.

You need to clear all the existing immunisations from the register:

1. Select **Utilities > AIR** from the main screen of Bp Premier.
2. To select multiple immunisations, use **CTRL + click**. To remove multiple pages of records, use **SHIFT + Page Down** on the keyboard.
3. If you have selected all the records you wish to remove, select **File > Exclude Current Record** or press **Delete**.

After the list has been cleared, any new immunisations that appear in this list can be sent to AIR by clicking **Send to AIR**. Immunisation records are not batched in Bp Premier, unlike other billing packages.

***Note:** The **Send to AIR** button is only enabled if Medicare Online has been configured.*

See **Transmitting Immunisation Records To AIR** in the Bp Premier Knowledge Base for more information.

STEP 13 TRANSMIT MEDICARE / DVA CLAIMS

After Medicare Online has been successfully configured, you can start sending the accounts that have been created since using Best Practice Management.

STEP 14 REVIEW OUTSTANDING ACCOUNTS AND CLAIMS IN OLD BILLING PACKAGE

Once are you using Best Practice Management for all billing, consider tidying up accounts in the old billing package.

For non-Medicare / DVA accounts, you can either continue to use the old billing package until the accounts are paid, or you can enter a new account in Bp Premier to be processed in Best Practice Management.

If any outstanding Medicare or DVA accounts exist, first call Medicare/DVA to check on the status of the claims, because the status may not be up to date. If vouchers are unpaid and you want to resubmit them, recreate the account in Best Practice Management and transmit to Medicare in a new batch.