

HCF

More for members.

UNLOCKING THE INTELLIGENCE

AHIA

Claims Abuse & Fraud Forum

8 November 2010

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HICAPS
Management Reports

HICAPS J Report

DATE	SYS TIME	TXN TIME	CARD NUMBER	PATIENT #	ITEM #	MEMBER #	TRAN TYPE	RRN	REQ AMT	TOTAL AMT	BENEFIT AMT	TRAN RC
29/09/06	14:26:00	12:26:00	9036009938142507	01	500	03814250	00	2909	\$70.00	\$70.00	\$0.00	12
29/09/06	14:26:00	12:26:00	9036009938142507	02	500	03814250	00	2909	\$70.00	\$70.00	\$0.00	12
29/09/06	14:28:00	12:28:00	9036009938142507	02	500	03814250	00	2909	\$70.00	\$70.00	\$0.00	12
29/09/06	14:31:00	12:31:00	9036009938142507	01	500	03814250	00	2909	\$70.00	\$70.00	\$0.00	12
29/09/06	14:33:00	12:33:00	9036009938142507	01	500	03814250	00	2909	\$70.00	\$70.00	\$0.00	12
29/09/06	14:27:00	12:34:00	9036009938142507	03	T500	03814250	00	2909	\$70.00	\$70.00	\$0.00	00

KEY

- A = Provider Number
- B = Date of transaction
- C = Time of transaction
- D = Patient code
- E = Item number
- F = Member number
- G = Date of service (DDMM)
- H = Charge
- I = Benefit
- J = Item response code
- K = Transaction response code

Summary

The 'J Report' files will begin with the letter 'J' followed by the year as two digits. For example a report created in 2010 would start with "J10...."
 These reports records any claims where the provider has swiped the membership card more than 3 times for the same membership on the same day.

WATCH FOR ALTERED DETAILS!

Swipes for SDF: 5 All Funds: 5

DATE	SYS TIME	TXN TIME	CARD NUMBER	PATIENT #	ITEM #	MEMBER #	TRAN TYPE	RRN	REQ AMT	TOTAL AMT	BENEFIT AMT	TRAN RC
29/09/06	19:32:00	17:32:00	9036009942904405	02	T505	04290440	00	2909	\$52.00	\$52.00	\$0.00	12
29/09/06	19:33:00	17:33:00	9036009942904405	02	T505	04290440	00	2909	\$52.00	\$52.00	\$0.00	12
29/09/06	19:37:00	17:37:00	9036009942904405	02	T505	04290440	00	2909	\$104.00	\$104.00	\$39.60	00

Swipes for SDF: 6 All Funds: 6

Multiple Card Swipes by Provider

Page: 2

DATE	SYS TIME	TXN TIME	CARD NUMBER	PATIENT #	ITEM #	MEMBER #	TRAN TYPE	RRN	REQ AMT	TOTAL AMT	BENEFIT AMT	TRAN RC
29/09/06	14:26:00	12:26:00	9036009938142507	01	500	03814250	00	2909	\$70.00	\$70.00	\$0.00	12

HICAPS K Report (daily report)

The report date is the date that the claims were processed on. For example, this report relates to claims processed through HICAPS on 21 June 2010.

Place : Monday, 30 0c

SUPD0001 HICAPS Management Report

 FUND : Super Dupu Fund

Providers available for Super Dupu Fund

MODALITY	NEW	CHG	DEL
Chiropractor	9	6	0
Podiatrist	21	0	2
Osteopathy	11	0	1
Optometrist/Optical Dispenser	0	0	1
Physiotherapist	9	4	4
Total	50	13	8

Providers currently not accepted by Super Dupu Fund

MODALITY	NEW	CHG	DEL
Dietician	1	1	1
Massage therapy	6	4	0
Speech therapy	2	0	0
Psychologist	1	0	0
Total	9	5	1

New Providers previously suspended by Fund
 New Provider -----
 Provider # Name Suburb
 9999992X DR BRETT BARTS ERINVALE
 9999993H DR BR -----

Number of Providers on the Multi Swipe Report : 14
 CSS Settlement Value : \$124,093.20 (CSS In-doubt transactions not included)
 CSS Transactions Reversals completed by the Fund : 6

Top 20 Benefit Claims

PROVIDER MEMBER NAME	PROVIDER #	MEMBER #
DR CAROLINE WONG	000560000574	27100429
DR LAP TAK SHIH	001040001568	11285622
DR GLORIA PEK	000019000788	21837401
DR GREGORY MALCOLM	000086000002	21988009
DR BRUCE VYTTSELIIT	000571002101	20411536
DR VLAD NICHOLLS	000010000737	22190040
DR ROBERT GOONARDHANA	000412000476	27226826
DR RAVINDRANAJ BUTLER	000002115638	15444210
DR SCOTT PETRIE	001114000010	22674572
MS MINH THU WING	000039000470	27346514

Top 20 Member Claims

Member Number	Member Name	Number of Trans
9036009901567063305		920000
9036009900838569206		920000
9036009900745452308		920000
9036009900249418812		920000
9036009900540276204		920000
9036009900656235110		920000
9036009900563442409		920000
9036009900094103209		920000
9036009900872368802		920000

Summary

The 'K Report' (daily) files will begin with the letter 'K' followed by the year as two digits. For example a report created in 2010 would start with "K10...."
 These reports record the top 20 claims and membership (outlined below).

WATCH FOR HABITUAL OFFENDERS!

Top 20 Claims

This will list the top 20 claims processed on the date of the report based on the benefits paid by the fund.
 This report outlines the:

- Provider number
- Member Number
- Benefit Amount

Top 20 Memberships

This will list the top 20 memberships based on the number of claims processed on the same day. This report outlines the:

- Member Number
- # of transactions processed for that member on day

HICAPS KM Report (Monthly)

Value of Claims Processed for the Month : \$184,942.00

Number of Quotes Processed by Fund for the Month : 581

Top 20 Providers by Benefit Amount who appeared greater than 5 times in the Month

PROVIDER MODALITY NAME	SUBURB	COUNT
1234567J D DR MCHIRM PONTI	LAKESIDE	7
1213456X D DR DAVID WILLIAMS	CHEVRON	6
1234567A D DR MARIO SIMMONS	SIX DOCK	6
7654321J D MR DOMINIC DOAN	STEEGLES	6

Top 20 Memberships by Benefit Amount

Member	Total Benefit	Num of Trans
7250662	\$3,220.00	4
7662920	\$3,139.00	4
16805	\$2,898.00	5
6850196	\$2,874.00	3
1457491	\$2,700.00	2
2204947	\$2,686.00	3
7551834	\$2,668.00	7
6810706	\$2,485.50	4
6064690	\$2,459.25	3
9160028	\$2,417.75	5
6862196	\$2,407.00	3
7661085	\$2,391.00	1
100583	\$2,336.00	1
7950598	\$2,310.00	1
7510797	\$2,301.63	4
910561	\$2,300.00	1
7021949	\$2,296.00	2
8050281	\$2,270.00	4
2090177	\$2,267.00	5
8662004	\$2,265.00	9
8242472	\$2,163.00	1

Top 20 Number Member Claims

Member Number	Card Number	Number of Trans
130852	9036009900130852090	31
8150618	90360099008150618077	720
6252020	9036009906252020044	720
7631741	9036009907631741086	720
9060321	9036009909060321067	720
3006735	9036009903006735076	720
8166808	9036009900816680855	720
9161261	9036009909161261121	720
42076	9036009900042076051	720
2168	903600990002168062	720
7650546	9036009907650546127	720
7450679	9036009907450679045	720
9960925	9036009909360925070	720
8561287	9036009908561287108	720
44865	9036009900044865048	720
97205	9036009900097205043	720
22482	9036009900022482089	720
8430100	9036009908430100078	720
5550340	9036009905550340039	720
111086	9036009900111086044	720

Providers that appear in the Multi Swipe Report more than 4 times during the month

PROVIDER MODALITY	NAME
9999911K	Optometrist/Optical Dispenser MS JOANNE SKYWALKER

Summary

The 'K Report' (monthly summary) files will begin with the letter 'K' followed by the year as two digits then the letter 'M'. For example a report created in 2010 would start with "K10M...."

These reports provide a summary of the highest members/providers.

WATCH FOR HABITUAL OFFENDERS!

Top 20 Provider

This will list every provider that has appeared in the "Top 20 Providers" list within the daily 'K Reports' more than 5 times in the past month.

Top 20 Members

This will list the top 20 membership based on the number of transactions processed through HICAPS.

Providers in Multiswipe (J Report)

This will list every provider that has appeared in the daily 'J Report' more than 4 times in the past month.

HICAPS P Report

XXXX0001	Fund : SDF	Estimated Maximum Daily Transactions	Export Date : 01/10/10	Specialty	Number of Trans	Number of Claim Lines	Number of Trans for SDF
Provider#	Firstname	Surname	Company Name	Address	Suburb	State Postcode	
9999921F	BRADLEY	SAMPLE	CHIRO PTY LTD	569 SMITH ST	PERTH	WA 6000	135
9999931Y	BRETT	JONES	OT PTY LTD	378 SAMPLE ST	SYDNEY	NSW 6316	425
999994CK	STEVE	ALBERT	PODIATRY CARE	1223 UNLEY ST	ADELAIDE	SA 5063	138
9999952K	DREW G	SMITH	PHYSIO CENTRE	557 CLENVALE RD	MELBOURNE	VIC 3088	137

KEY

- A = Specialty
- B = Provider Number
- C = Fund
- D = Threshold set for specialty
- E = Date of transactions/report
- F = Total # of transaction (all funds)
- G = Total # of claim lines (all funds)
- H = How many transaction related to the fund

Summary

The 'P Report' highlights where the provider has processed more transactions than the threshold in a day. The report will then tell you the total number of claim lines (that is items) contained in those transactions. For example if the provider processed 50 transactions and each transaction had two claim lines, then the number of claim lines will be 100 (50 x 2).

The thresholds have been set to the reasonable number of standard consultations achievable for that specialty in a day.

WATCH FOR REPEAT OFFENDERS!



Searching HICAPS
Reports

Agent Ransack

Background:

When conducting an investigation, it is sometimes helpful to see if the provider has appeared in any of the HICAPS Management Reports. The following tool is used by HCF to search across all the HICAPS files for the particular provider number.

Procedure:

Step 1- Installation

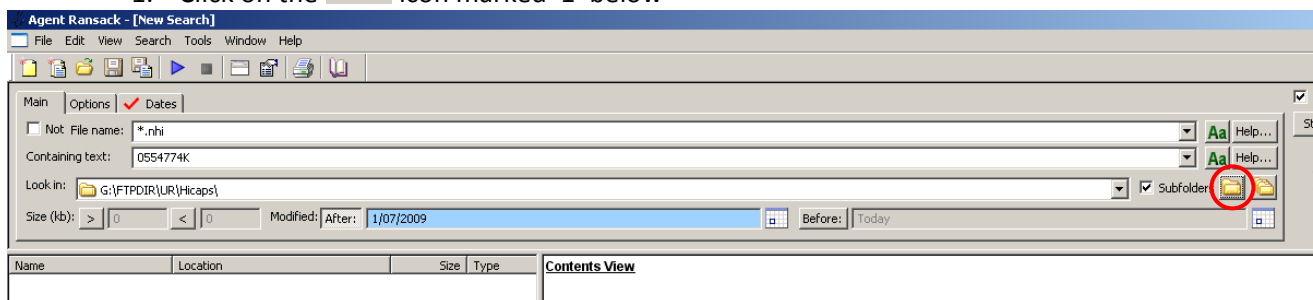
Speak with your IT team about what tools are available. Some IT departments may require approval before you install a new piece of software on your system. Should they approve the installation, it can be downloaded from www.mythicsoft.com/agentransack free of charge. Run the installation file and follow the prompts.

We encourage all users to undertake due diligence before installing any software including, but not limited to, Agent Ransack. HCF accepts no liability whatsoever for any loss or damage arising from the use or misuse of any software, proprietary or otherwise, listed here within.

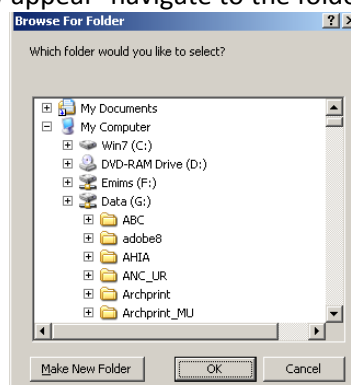
Step 2- Setting the directory to be search

You will need to tell the program which folder you want to search in. It is a good idea to have all you HICAPS reports put into one folder.

1. Click on the  icon marked '1' below





2. A browse window will now appear- navigate to the folder that contains your HICAPS reports

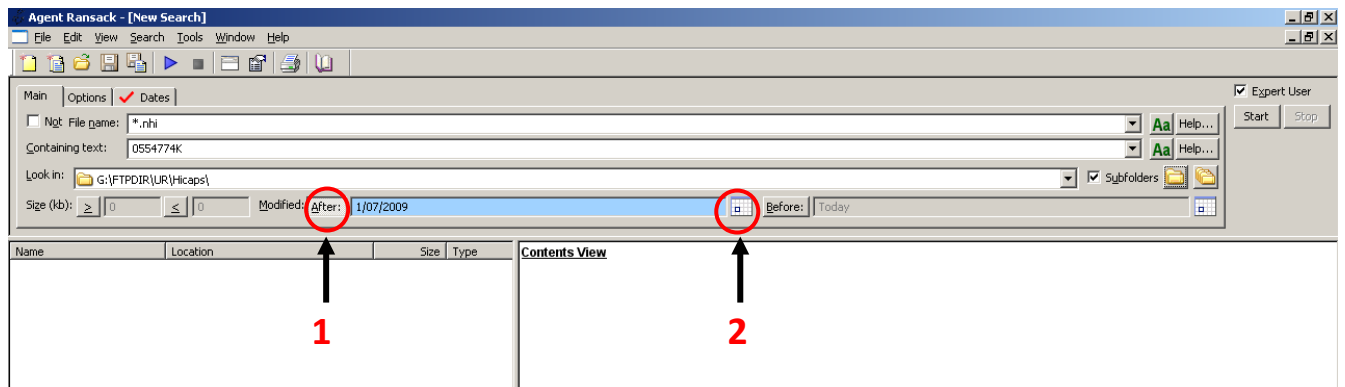


3. Locate the folder and select it so that it is highlighted and click 'OK'

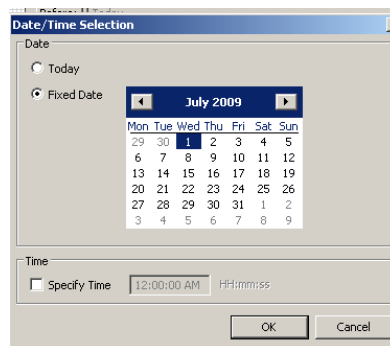
Step 3- Setting the time period of files to be search

To help speed up the search, you may want to restrict your search to a certain time frame. In the following example we have limited the search to files created after **1 January 2008**.

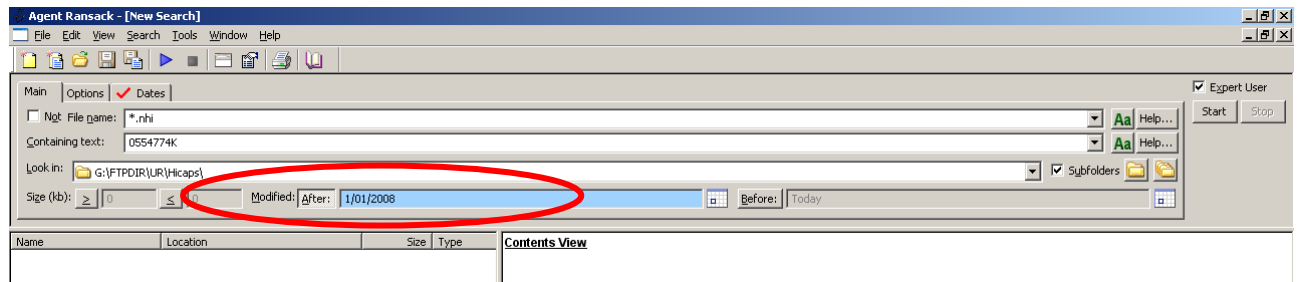
1. Click the 'After' icon  marked as '1' below
2. Click on the calendar icon  marked '2' below.



3. The calendar window will now appear

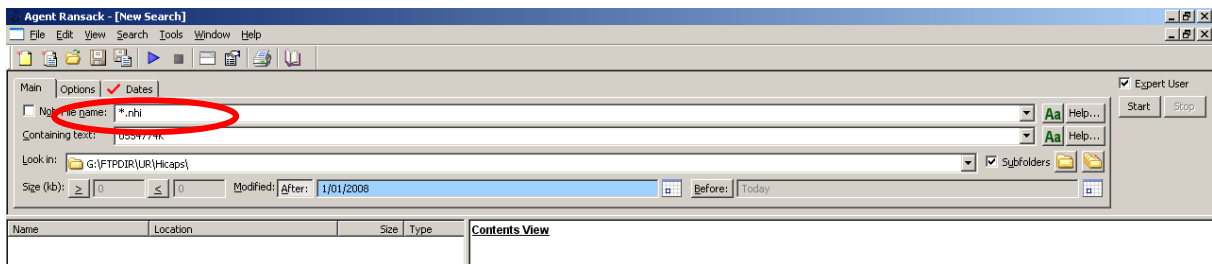


4. Click the 'Fixed Date' option and then use the calendar to navigate to the date you wish to start the search.
5. Click 'OK'
6. The start date will now appear in the blue bar



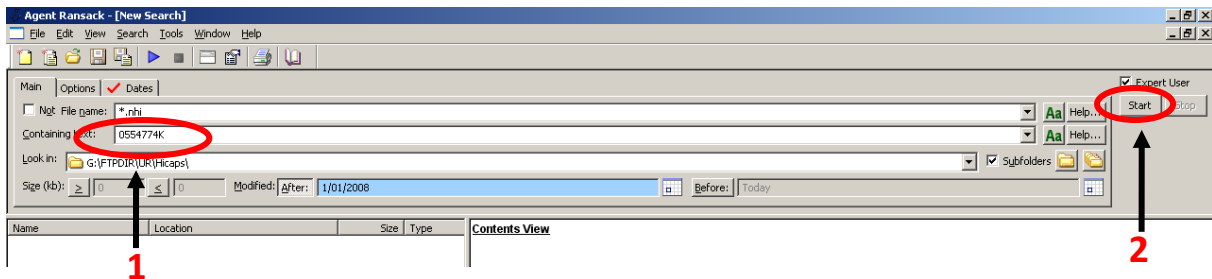
Step 3- Limiting the search to relevant HICAPS Reports

HICAPS produce numerous files each day including a file containing all claim transactions. To narrow the search to relevant files in the 'File name' field enter ***.nhi**

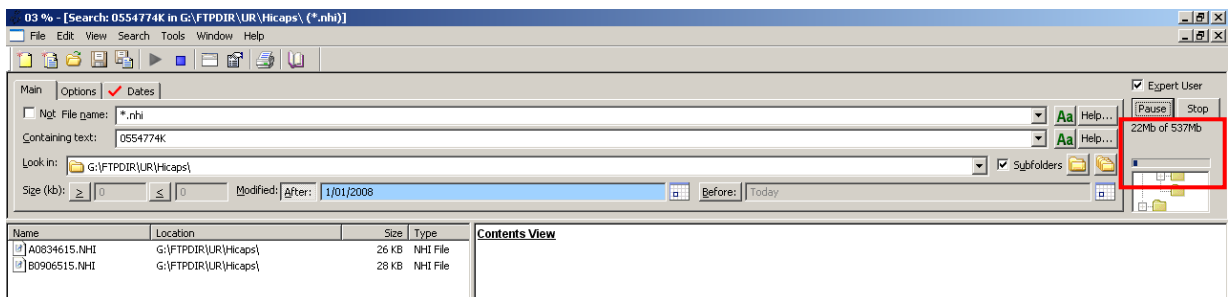


Step 4- Searching for a provider

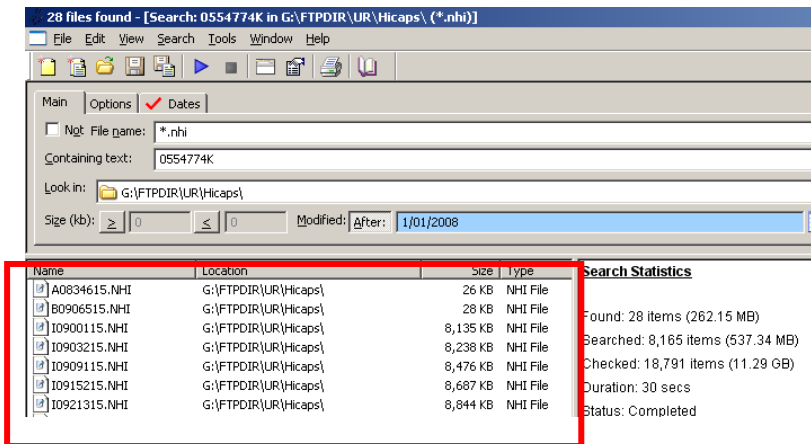
1. Enter the provider number into the 'Containing text:' field- marked as '1' below
2. Click 'Start'- marked as '2' below



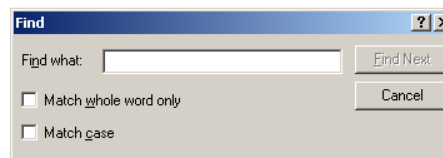
3. The program will provide you with a progress bar



4. Once the process has finished, a full list of files containing that provider number will be listed on the left hand side of the screen



5. Double click with your mouse on the file name to open the file.
6. When the file is open, to find the provider hold in the 'Cntrl' key on your keyboard and whilst you have it held in, press the 'F' key. This will bring up find box as pictured below



7. Type the provider number into the white rectangle and then click 'Find Next'
8. This will take you to the exact spot within the document where that provider number exists
9. Reports of particular interest are those starting with the letters:
 - a. J
 - b. K
 - c. KM
 - d. P

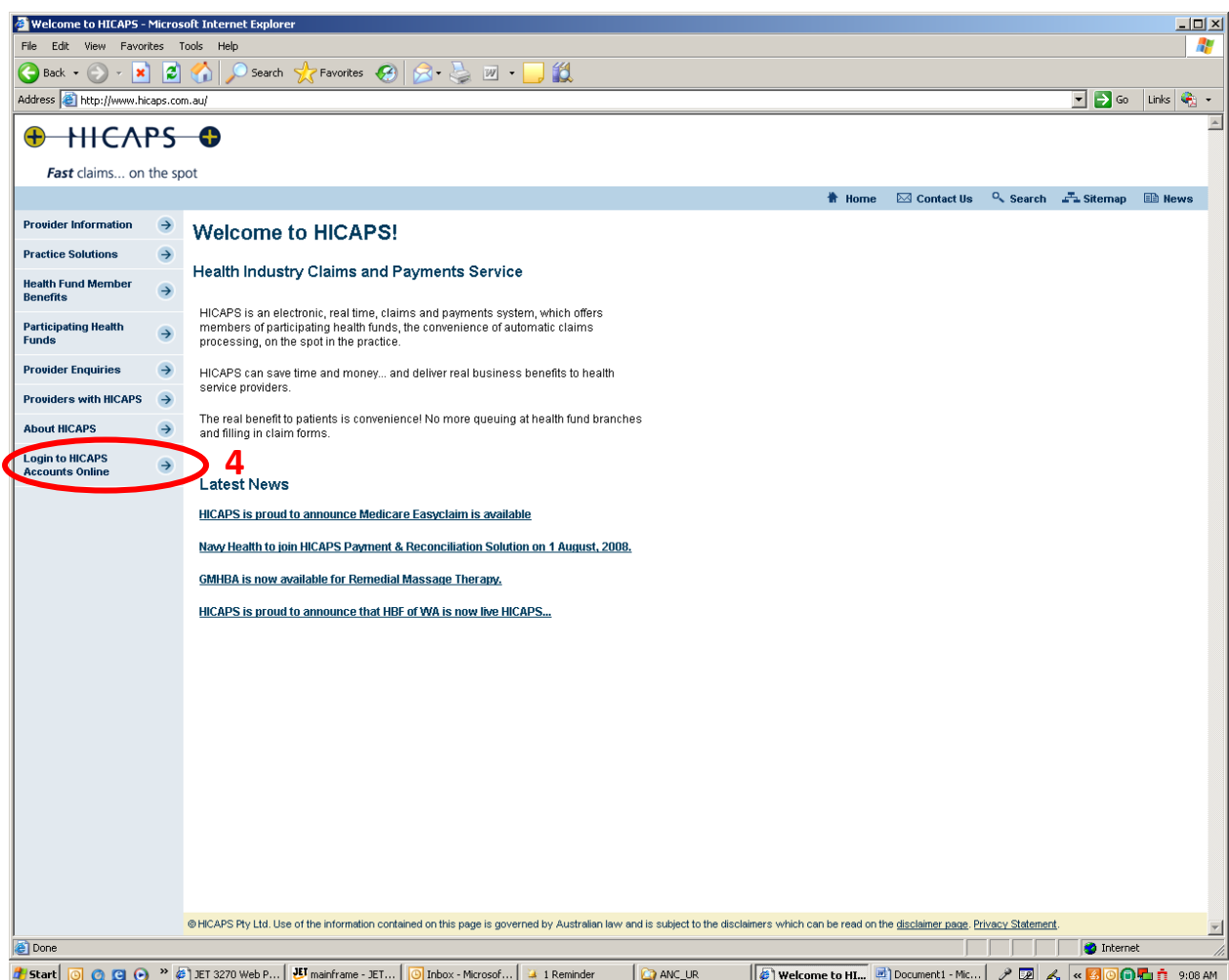
Hint: You can expand the search by changing the provider number in the search field to the terminal number. This will find any reports that contain any of the providers that use that particular terminal



Accessing HICAPS
Online

Logging In

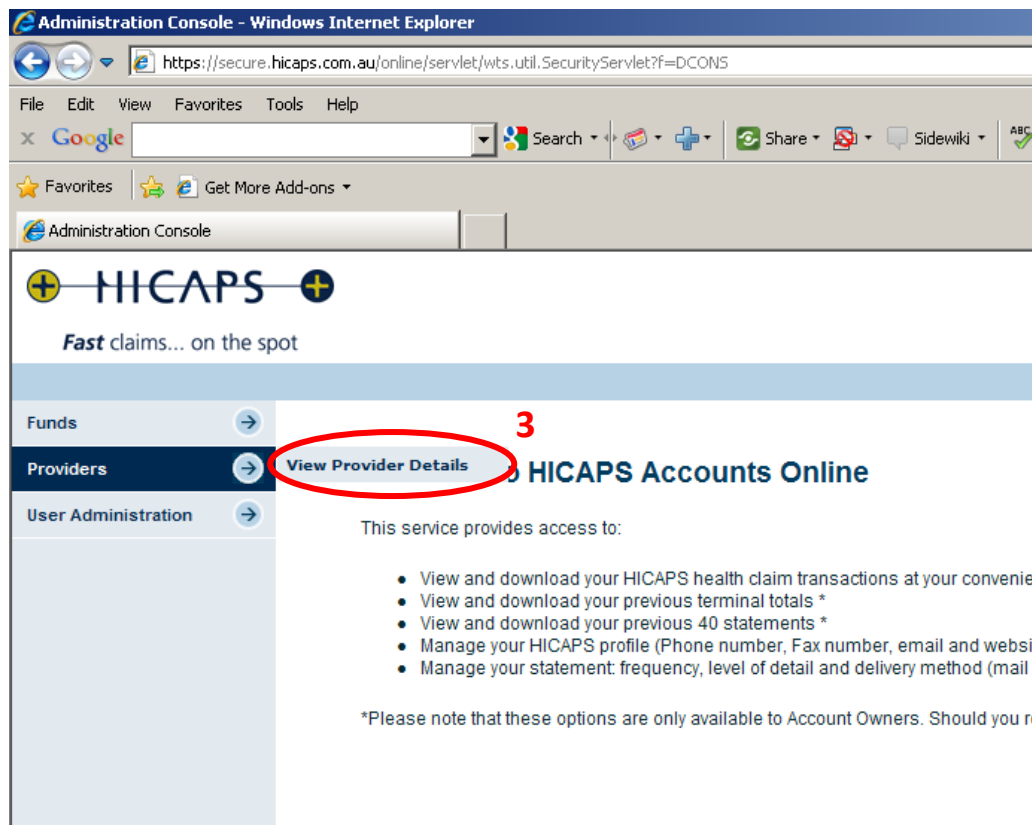
- 1) Open an Internet Explorer page
- 2) In the address bar type www.hicaps.com.au and then press enter on the keyboard
- 3) You will now be directed to the HICAPS Homepage (pictured below). If you receive a connection error contact your IT team to enable access to this page.
- 4) On the left hand side of the page will be a list of options. Click on 'Login to HICAPS Accounts Online'



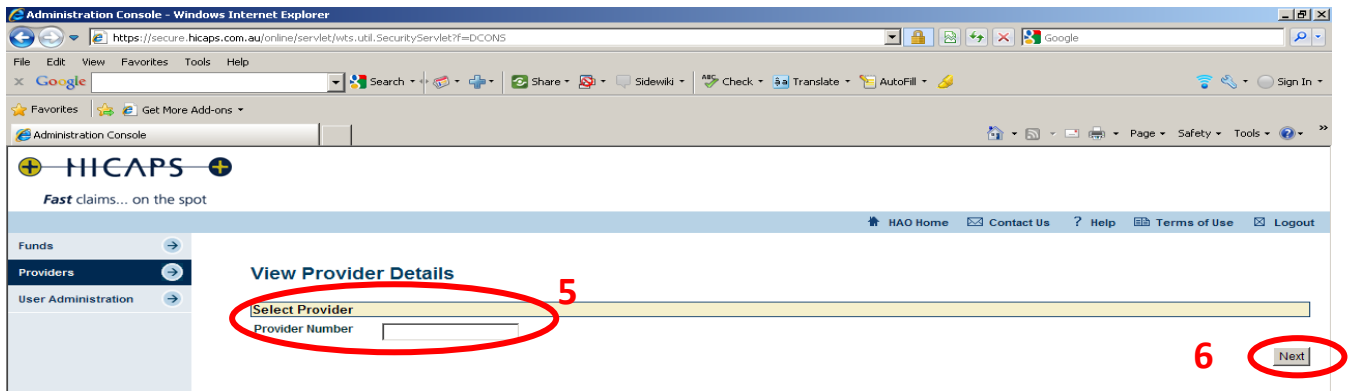
- 5) You will now be directed to the login page. Enter your use name and password. Speak with your HICAPS administrator if you do not already have access.
- 6) Click 'Log In'

Viewing provider information

- 1) Log into HICAPS Online
- 2) On the left hand side of the page will be a list of options. Roll your mouse cursor over the word 'Providers'
- 3) A new option will now appear next to 'Providers' called 'View provider detail'.

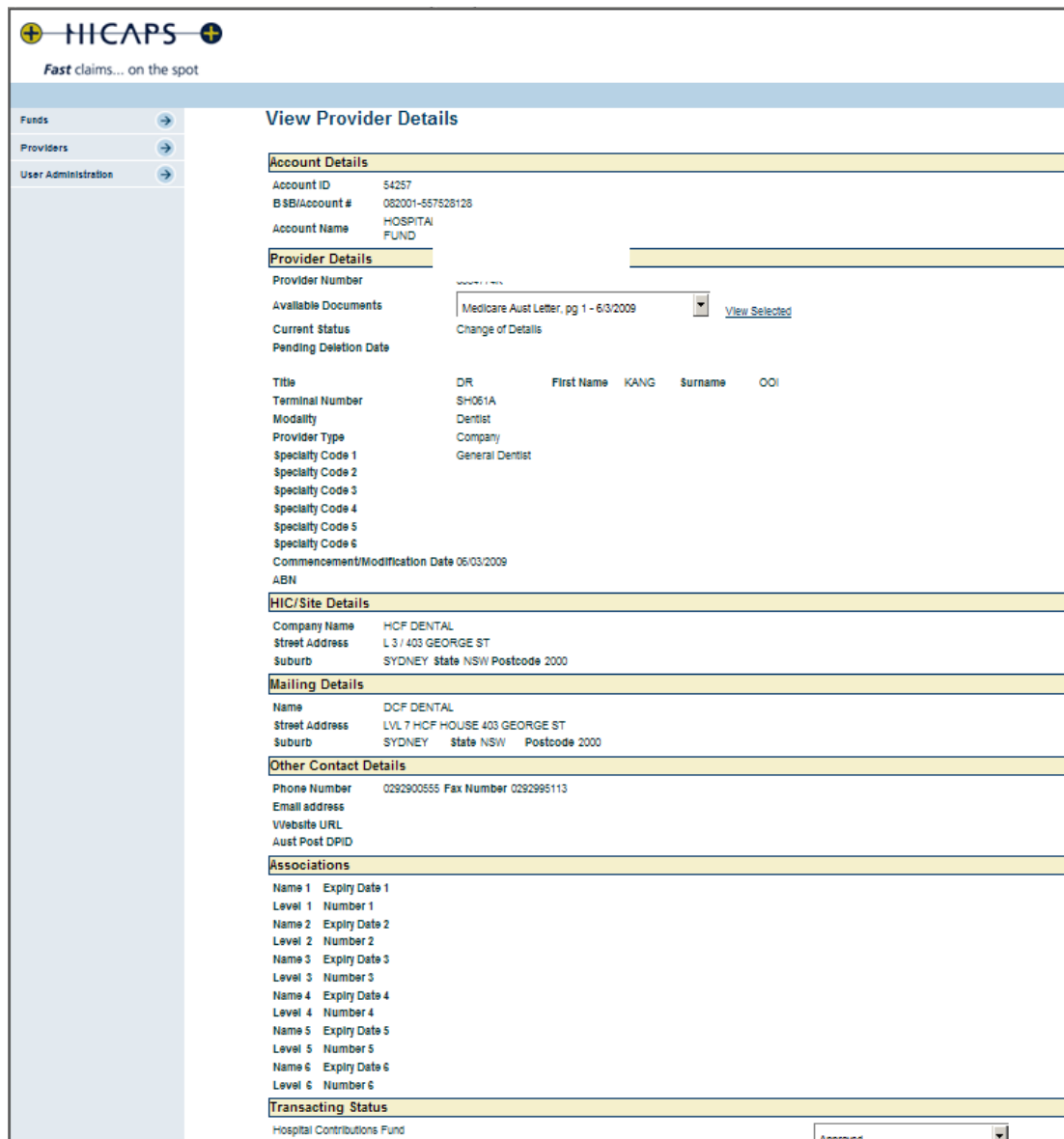


- 4) Click on 'View provider detail'. *Note it may take a moment to direct you to the next page. Please be patient.*
- 5) Enter the providers Medicare provider number. This will be an 8 digit number starting with a numeric character and ending in an alpha character

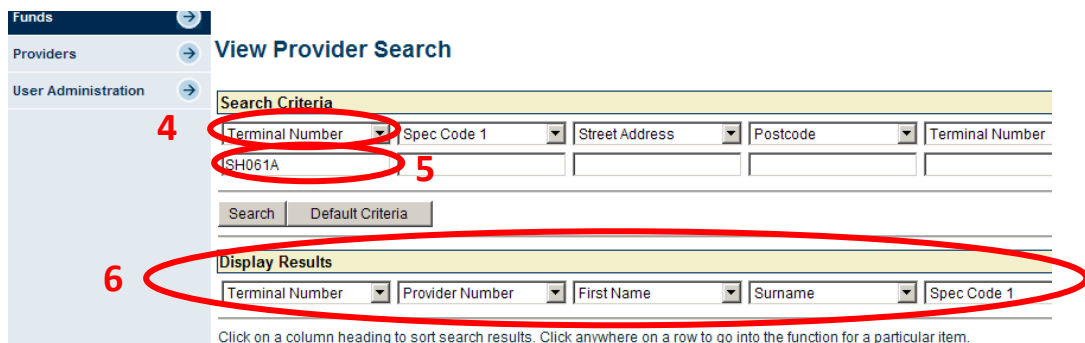


6) Click 'Next'

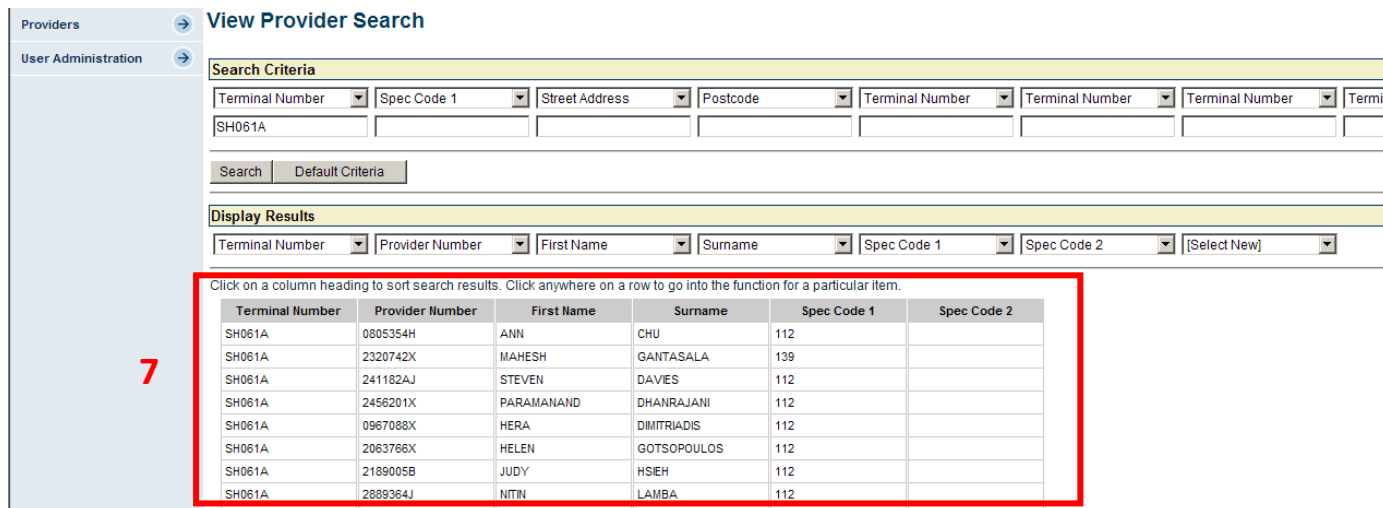
7) You will now be directed to the provider summary screen. This will provide you with contact information and registration details. At the bottom of the page you will see the provider's 'status'.



5. You will now be directed to the provider search screen. Select 'Terminal Number' in the Search criteria drop down list.
6. Type in the terminal number in the box
7. Select the fields that you want to be displayed from the dropdown list in the "display results" section. For example:
 - a. Terminal Number
 - b. Provider Number
 - c. First Name
 - d. Surname
 - e. Spec code 1
 - f. Spec code 2



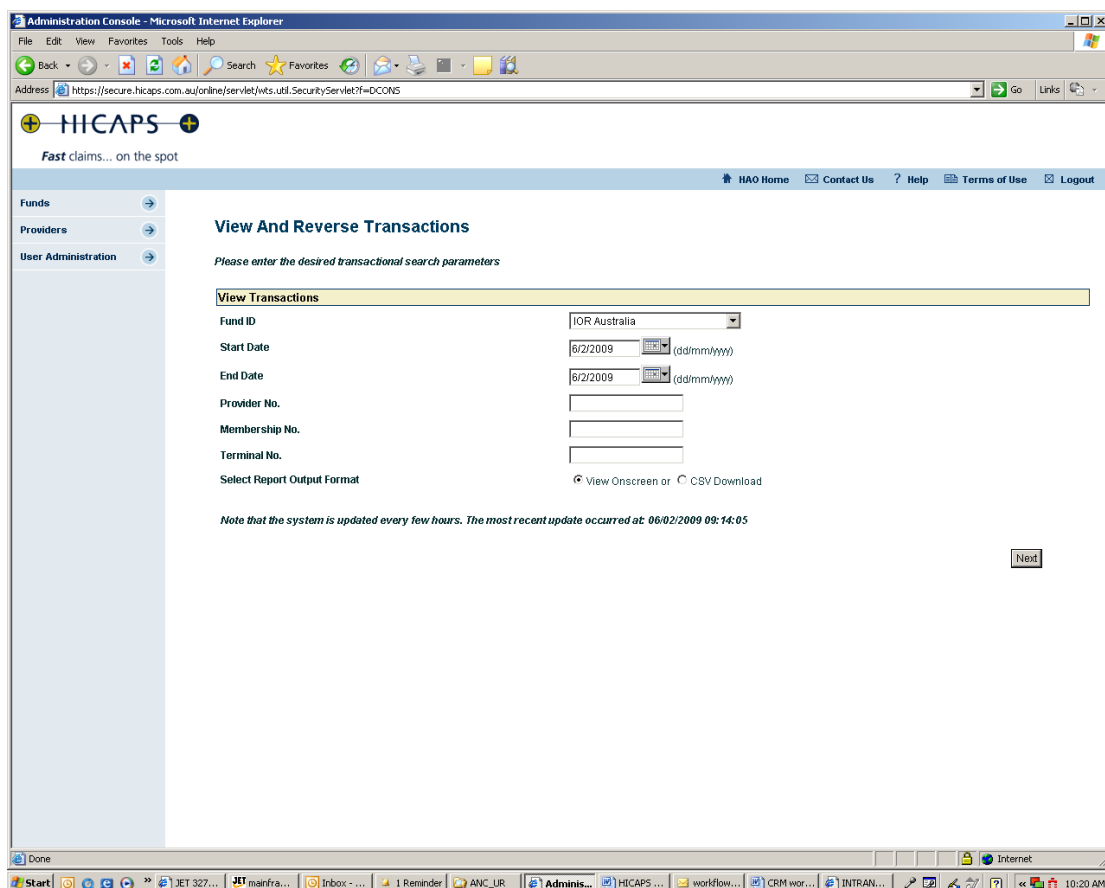
8. The results will now be displayed on screen (see below) for other providers using the same terminal.



Hint: If you click on the provider number of any of the records displayed in the results area, it will navigate you to that provider's details screen.

Viewing a transaction

- 1) Log into HICAPS Online
- 2) On the left hand side of the page will be a list of options. Roll your mouse cursor over the word 'Funds'
- 3) A list of new options will now appear next to 'Funds'.
- 4) Click on 'View Transactions'. *Note it there is an option for 'View Transaction Search'- do not use this option.*
- 5) You will now be directed to the screen pictured below.



- 6) In the 'Fund ID' select your fund from the drop down list

- 7) Enter the date that the transaction was processed in both the 'Start Date' and 'End Date' fields.
- 8) You can search by the following three criteria or any combination of them:
 - a. Medicare provider number if you want to narrow the search to a particular provider number
 - b. Membership number if you want to narrow the search to a particular policy
 - c. 'Terminal No.' if you want to narrow the search to all claims via a particular terminal
- 9) Next to 'Select Report Output Format' ensure the *View Onscreen* radio button is selected.
- 10) Click 'Next'
- 11) If any claims match the specified criteria you will be directed to the Transaction Search Results Screen (pictured below)

The screenshot displays the HICAPS Administration Console in a Microsoft Internet Explorer browser window. The page title is "Transaction Search Results". Below the title, there is a note: "On this screen you are able to review individual transaction details and reverse transactions". A search results table is shown with the following data:

Txn Reference	Fund ID	System Time	System Date	Provider Number	Terminal ID	Card Data	Txn Date	Txn Time	Tran Type	Reversal Indicator	Total Amount	Benefit Amount	Return Code	Reverse
0001000094994408	HCF	13:36:00	21/01/2009	0611513K	SE655A	903600154781693701	21/01/2009	13:36:00	CLAIM		\$99.00	\$79.00	00	Reverse

Below the table, it says "Displaying records 0 to 1 of 1." The browser's address bar shows the URL: https://secure.hicaps.com.au/online/service/wts.util.SecurityServlet?=-DCCONS. The taskbar at the bottom shows several open applications, including JET 327, JET mainfra..., Inbox..., 2 Remin..., ANC JUR, Adminis..., HICAPS..., workflow..., CRM wor..., and INTRAN... The system clock shows 10:30 AM.

12) If more than one claim matches the criteria you entered it will be shown as several lines.

13) Click on the 'Txn Reference' for the claim you want to view.

14) You will now be taken to another screen which will show the full details (pictured below)

Transaction Search Results

On this screen you are able to view detailed results of a transaction you selected from the search results and reverse it if required

Transactions Details for 0001000139315571

Fund	HCF	Transaction Time	13:37:28
Transaction Date	27/09/2010	Connex™ Receive Time	13:37:29
Connex™ Send Time	13:37:29	System Time	13:37:28
System Date	27/09/2010	Merchant ID	29362944
Provider Number	[REDACTED]	Account Number	[REDACTED]
BSB	[REDACTED]	Location	[REDACTED]
Terminal ID	[REDACTED]	Discretionary Data	=
Card Data	903600154781693701	Process Code	950000
Retrieval Reference Number	000001002240	Reversal Indicator	
Transaction Type	CLAIM	Benefit Amount	\$153.00
Total Amount	\$349.00	Member Number	47819937
Return Code	00	Processed	
Reversed by Fund			

Claim Items

Claim ID	Patient Index	Item Number	Body Part	Item Date	Requested Amount	Benefit Amount	Return Code
280024871	02	0212	0	2709	\$190.00	\$78.00	00
280024870	02	0110	0	2709	\$159.00	\$75.00	00

15) The claims detail at the bottom of the page (highlighted in picture above as '1') provides the following information:

- i. Patient ID- 1 = a, 2 = b, 3= c and so on
- ii. Item number- The last three digits are the item number
- iii. Body part ID- this will be the tooth ID for dental claims
- iv. Item date- This is the date of service in the format DD/MM-
- v. Requested amount- This is the amount charged
- vi. Benefit amount- The benefit HCF paid
- vii. Return code- This is the item response code. A full list of item response codes are attached as Appendix A

16) Marked as '2' in the picture above is the Response Code. *The response code will indicate if there has been an overall error with the claim such as membership not financial.* A full list of transaction response codes are attached as Appendix B



Analysing HICAPS
Online Data

Clustering of transactions

Background

During the investigation of a provider that has access to the HICAPS facility, it may be appropriate to check the time difference between transactions. The HICAPS network records the exact time that the card was swiped and the transaction processed by the provider.

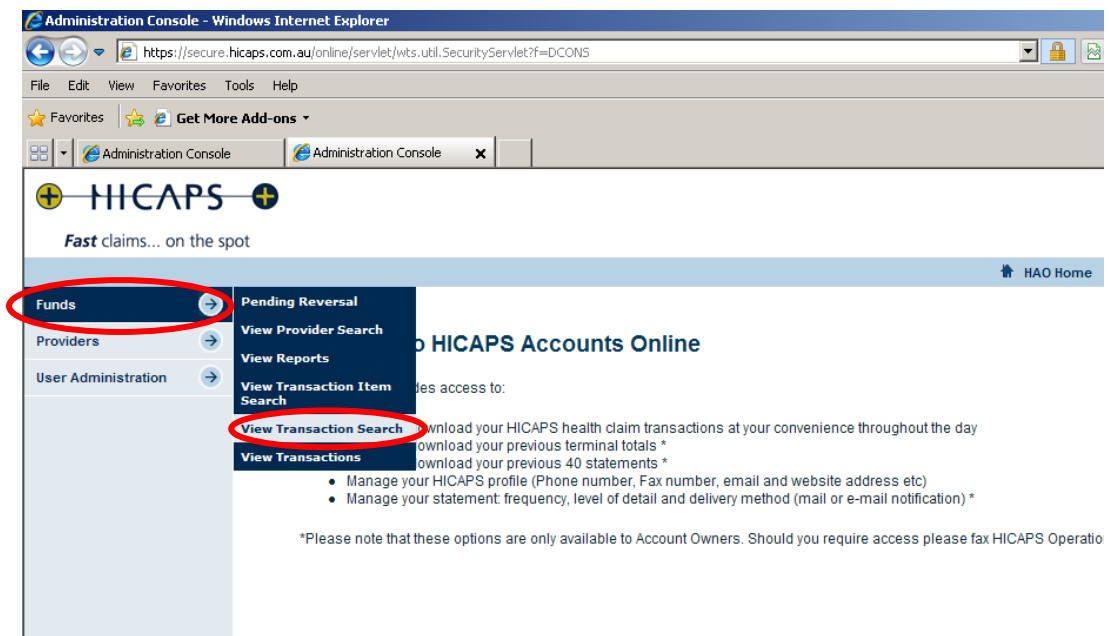
Use to identify

- Provider retains member cards and swipes through groups of claims
- Provider adding items or patients to claims that were not provided (and could not possibly be provided in the time since last claim)
- Identify backdating of claims to previous days (i.e. claiming for today and yesterday)

Procedure

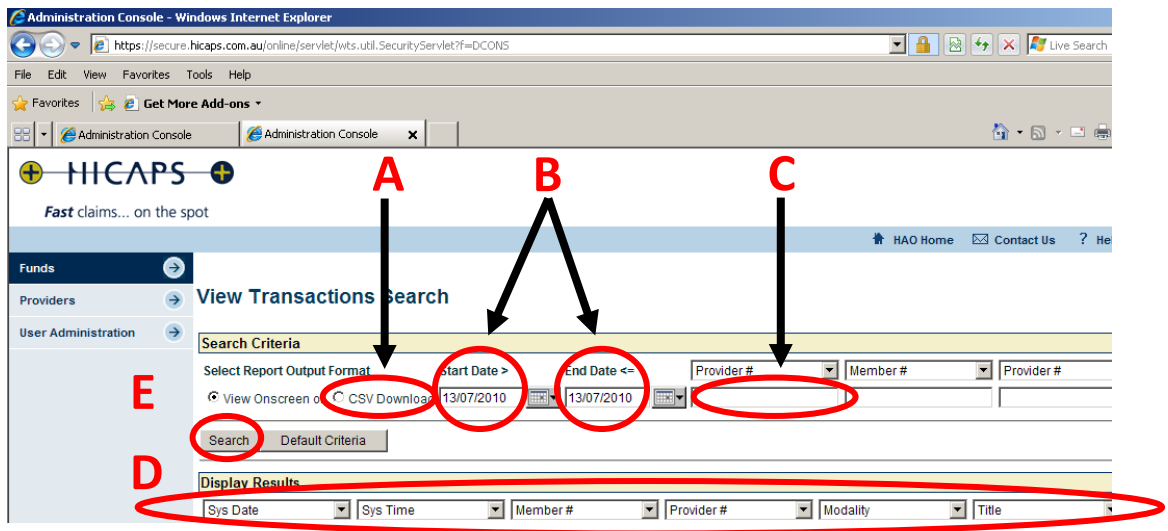
Step 1- extracting data from HICAPS Online

1. Navigate to the HICAPS website (www.hicaps.com.au) and login to “Accounts Online”
2. Hover your mouse cursor over the ‘Funds’ tab on the top left hand side of the page. A box will now appear as shown below.

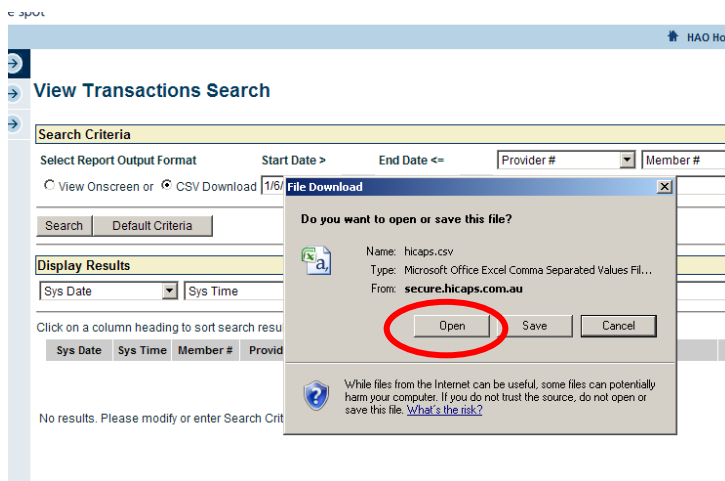


3. In the box that has now appeared, select the “View Transaction Search” (see above)
4. On the search screen:
 - a. Change the ‘Report Output Format’ to “CSV Download”

- b. Change the **start** and **end dates** to reflect the period you want the data extracted (Note: If the query is taking too long, please try a shorter time period)
- c. Put the **provider number** in the white box below the 'Provider #' field
- d. Ensure that the "Display Results" have the following options selected (preferably in this order):
 - i. Sys Date
 - ii. Provider #
 - iii. Member #
 - iv. Sys Time
- e. Click 'search'

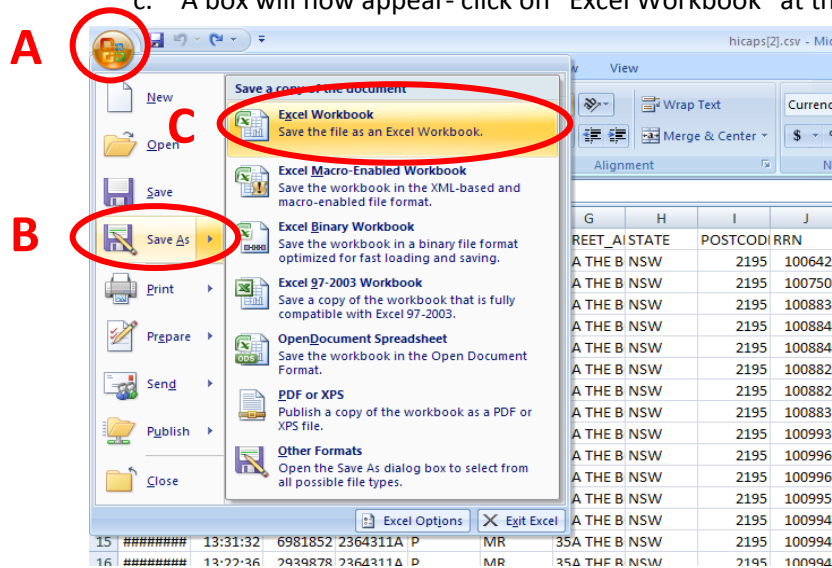


5. The 'File Download' box will appear (pictured below). Click on 'open'



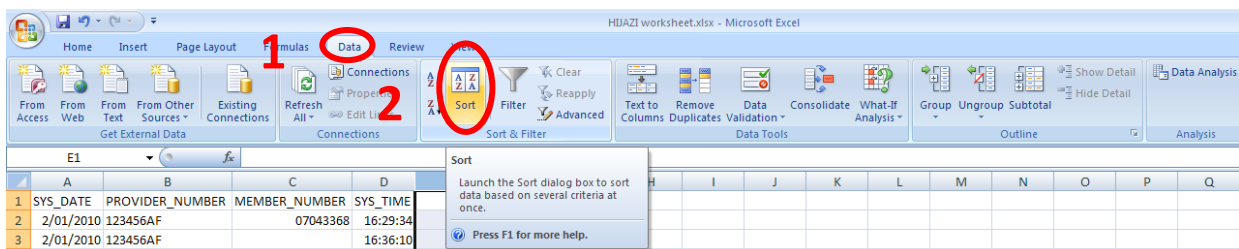
Step 2- Changing file type from CSV to Excel workbook

1. The file will now open in Excel. Currently it is in the format of 'csv', we need to change to an excel format. To do this:
 - a. Click on the round circle in the top left hand corner
 - b. Hover your mouse cursor over 'Save As' **It is important you DO NOT click on it**
 - c. A box will now appear- click on "Excel Workbook" at the top of the list

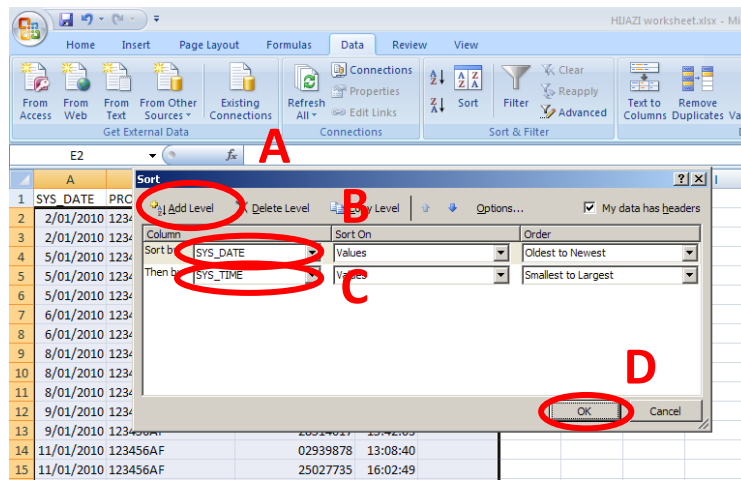


Step 3- Sorting transactions into chronological order

1. Click on the 'Data' tab in the top menu of the excel workbook
2. Click on the 'Sort' button

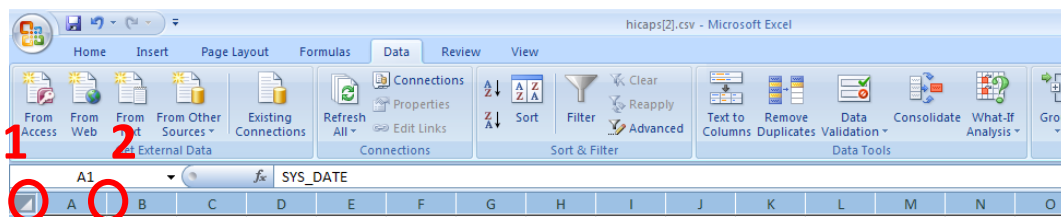


3. To order the file correctly we need to sort by the date then by time. To do this:
 - a. Click on the 'Add Level' button- this will add an extra line into the white box
 - b. In the first drop down box select 'SYS_Date'
 - c. In the second drop down box select 'SYS_Time'
 - d. Click 'OK'



Step 4- Resize the cells to fit the content

1. Click on the corner between the letter 'A' and number '1' as shown below- This will highlight all of the workbook
2. Double click on the white line between 'A' and 'B'



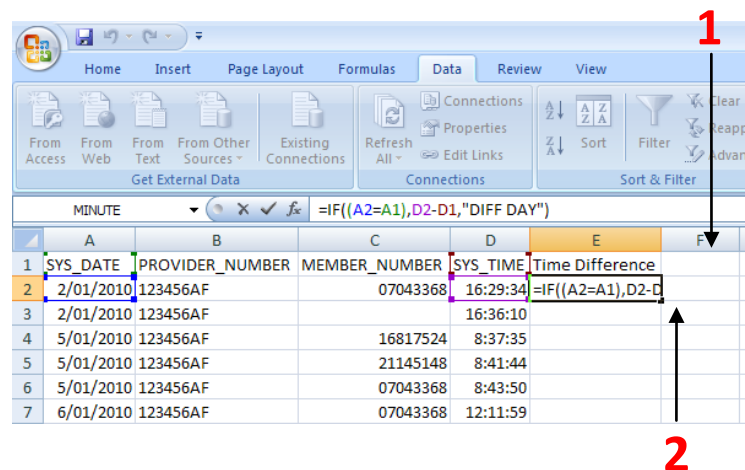
Step 5- Calculating the time difference

1. In first empty cell (in this case E1) type in the title 'Time Difference'
2. In the cell directly below (in this case E2) type the following formula

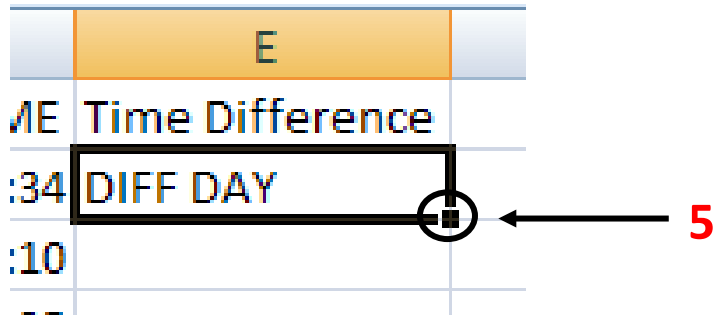
=IF((A2=A1),D2-D1,"DIFF DAY")

Note: This formula works on the assumption that the 'SYS_Time' is in column 'D'. If it is not, substitute the letter 'D' in the formula for the column it is in. For example if SYS_Time was in column 'F' the formula would be =F2-F1

3. Press 'enter'

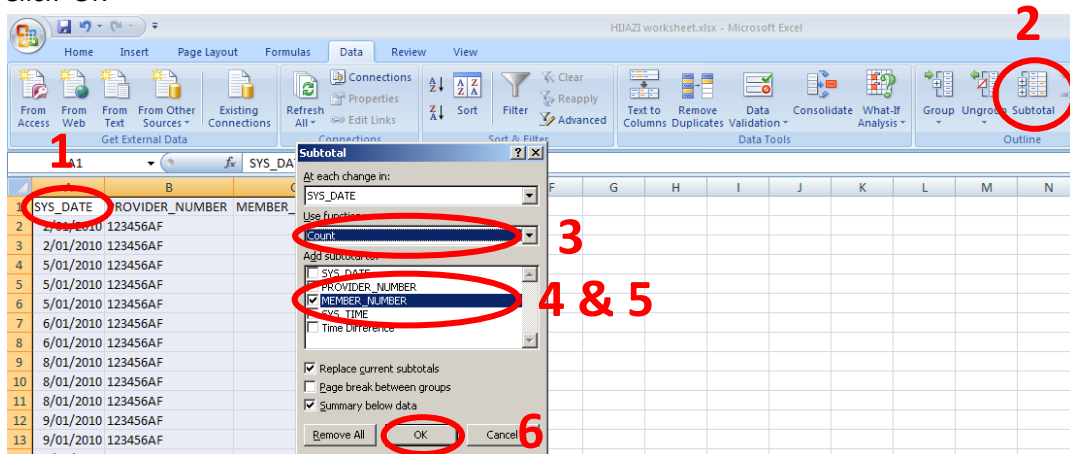


- Click on the cell that is now showing "DIFF DAY"
- Double click on the black square in the bottom right hand corner of this cell (see below). This will now fill in the rest of the cells with the correct formula.



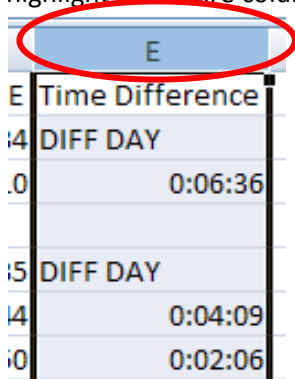
Step 6- Adding a line break when the date changes

- Click in the first cell 'SYS_Date'
- Click on the 'Subtotal' button
- In the 'Use Function:' drop down menu, change from Sum to 'COUNT'
- In the 'Add subtotal to:' box, untick any boxes that are ticked
- Scroll up and tick the box next to "MEMBER_NUMBER" (this should be the only box ticked)
- Click 'OK'

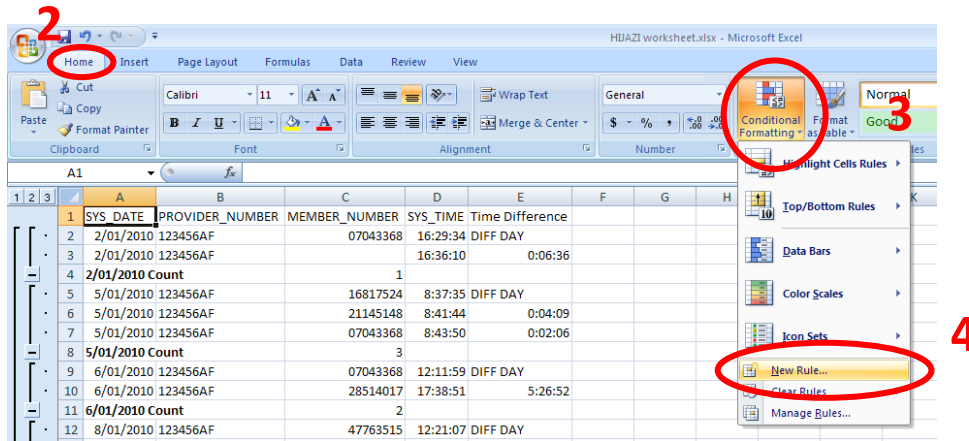


Step 7- Colour coding short time differences

- Click on the letter above the Time Difference cell (in this example it is the letter 'E'). This will highlight the entire column



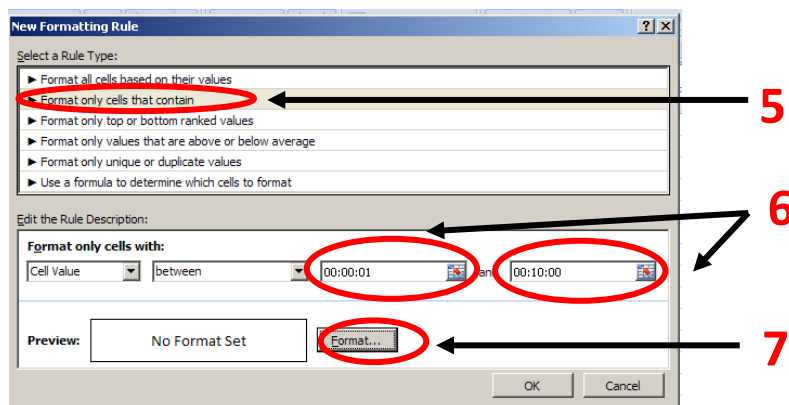
- Click on the Home tab in the menu bar
- Click on the Conditional Formatting button. A menu box will now be displayed below it
- In the menu box select 'New Rule'



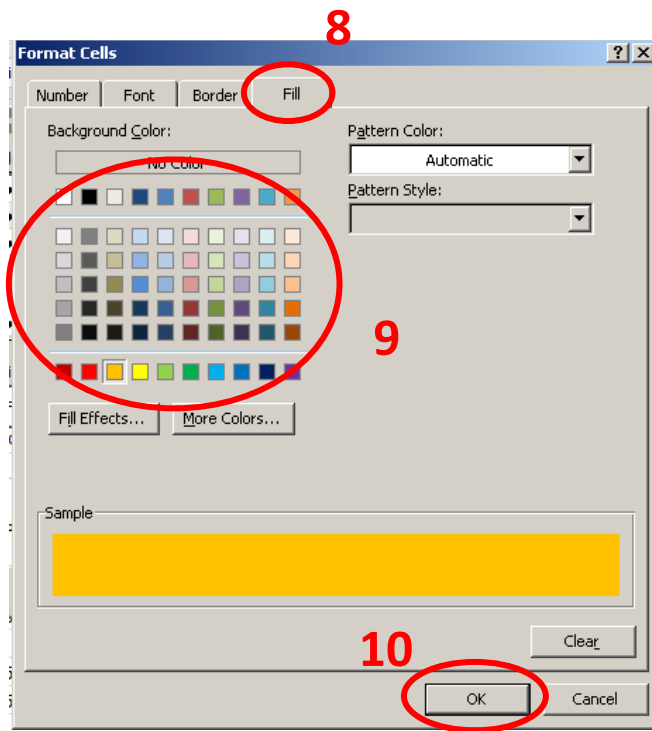
5. A new box will now appear. In the “Select Rule Type” section click on **Format only cells that contain**
6. In the “Edit the Rule Description” section:
 - a. Enter **00:00:01** into the first blank cell
 - b. Enter **00:10:00** into the second blank field

Note: This will highlight field that have a time difference up to 10 minutes. You can change the number ‘10’ in step ‘B’ if you want to shorten or extend this time period.

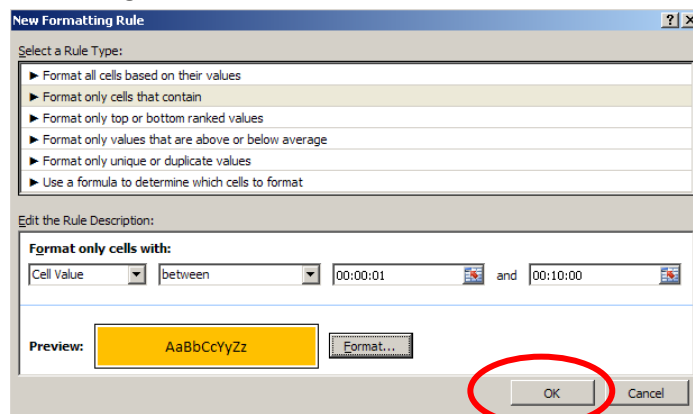
7. Click on the ‘Format...’ button



8. A new box will now appear. Click on the “Fill” tab across the top
9. Pick a colour that you would like the cell to be shaded if it is within the time frame you specified
10. Click ‘OK’



11. Click OK again



11

Monitoring membership cards

Background

Funds have uncovered in the past, practices that retain membership cards to swipe claims when the member is not present. This can be important for funds that do not allow backdating of claims. On family policies, one card can be left with the provider while the family utilises the other card for other legitimate transactions. This process will help identify which card is being used at what provider.

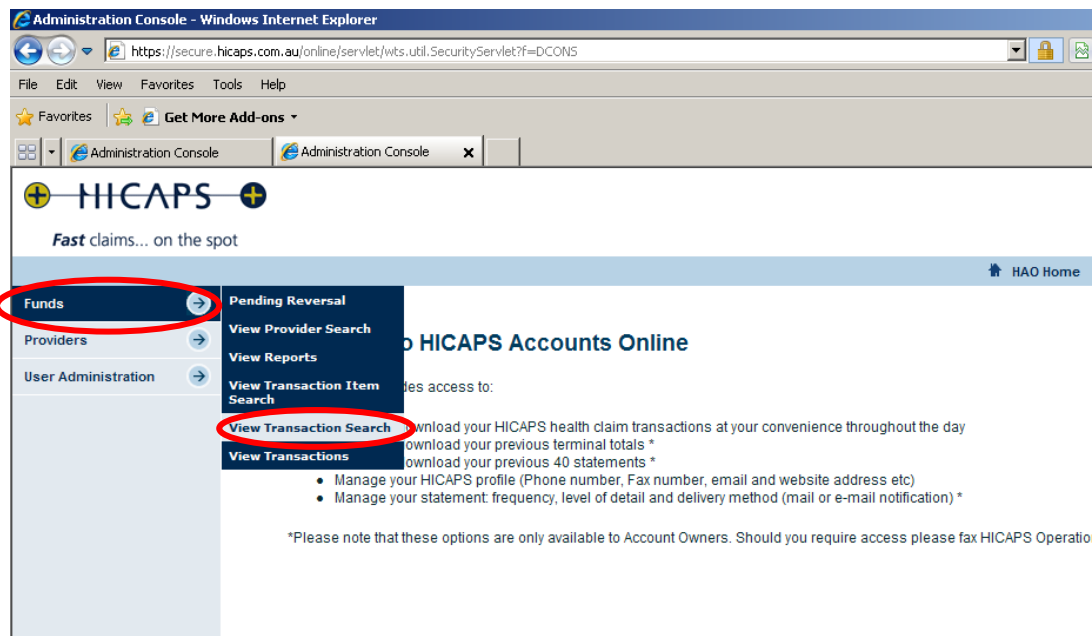
Use to identify

- Providers that are possibly retaining membership cards
- Family memberships possibly leaving one card with a provider and using the other to claim all other claims

Procedure

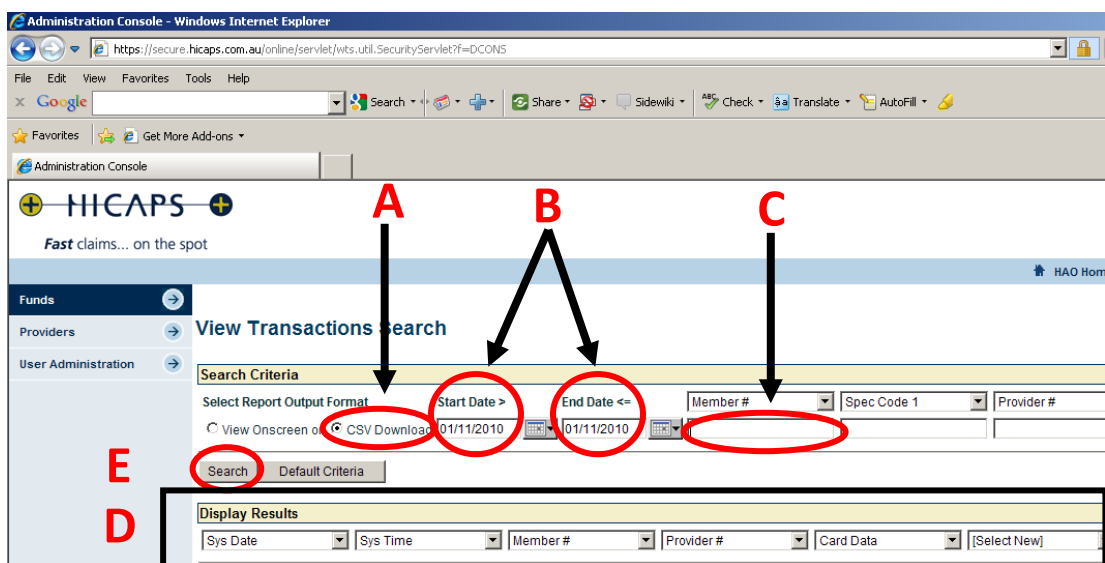
Step 1- extracting data from HICAPS Online

1. Navigate to the HICAPS website (www.hicaps.com.au) and login to “Accounts Online”
2. Hover your mouse cursor over the ‘Funds’ tab on the top left hand side of the page. A box will now appear as shown below.

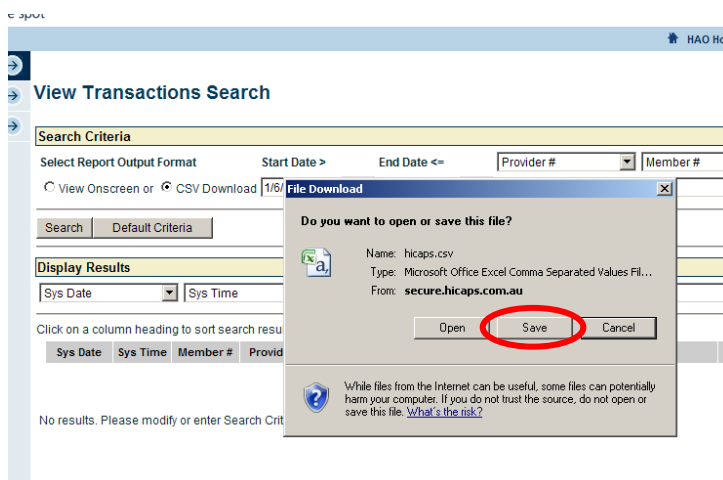


3. In the box that has now appeared, select the “View Transaction Search” (see above)
4. On the search screen:

- a. Change the 'Report Output Format' to "CSV Download"
- b. Change the **start** and **end dates** to reflect the period you want the data extracted (Note: If the query is taking too long, please try a shorter time period)
- c. Put the **membership number** in the white box below the 'Member #' field
- d. Ensure that the "Display Results" have the following options selected (preferably in this order):
 - i. Sys Date
 - ii. Sys Time
 - iii. Member #
 - iv. Provider #
 - v. Card Data
- e. Click 'search'



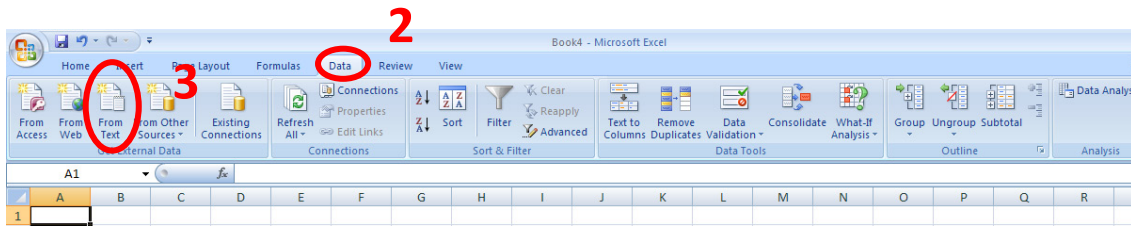
5. The 'File Download' box will appear (pictured below). Click on 'save'



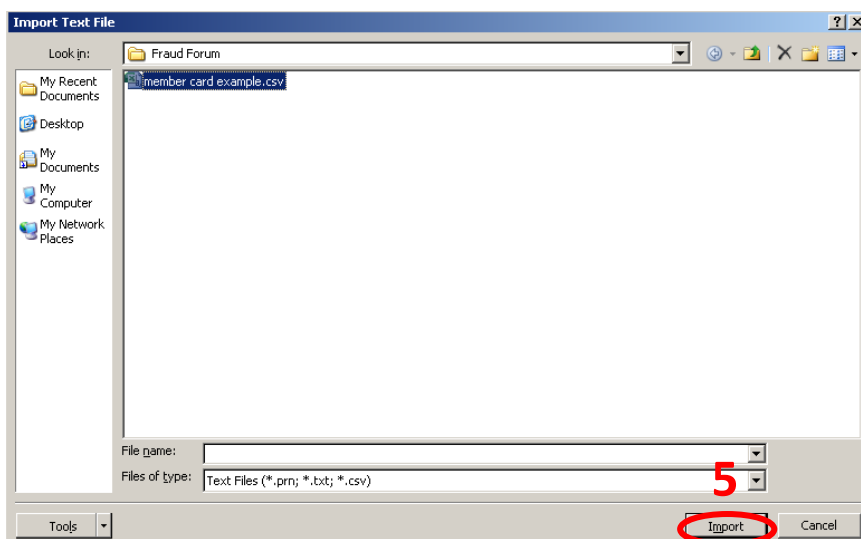
Important: You must save this file rather than opening it. Excel will alter the card number if you do not follow the process below.

Step 2- Opening the file in Excel

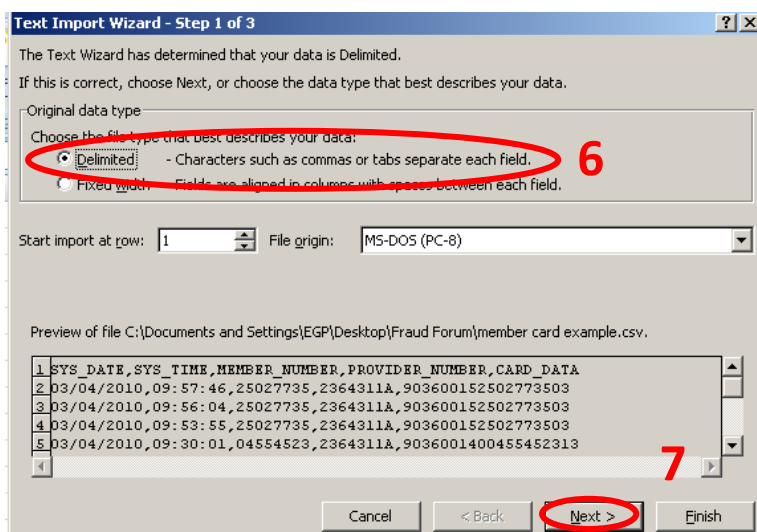
1. Open Excel
2. Click on the 'Data' tab in the top menu of the excel workbook
3. Click on the 'From Text' button



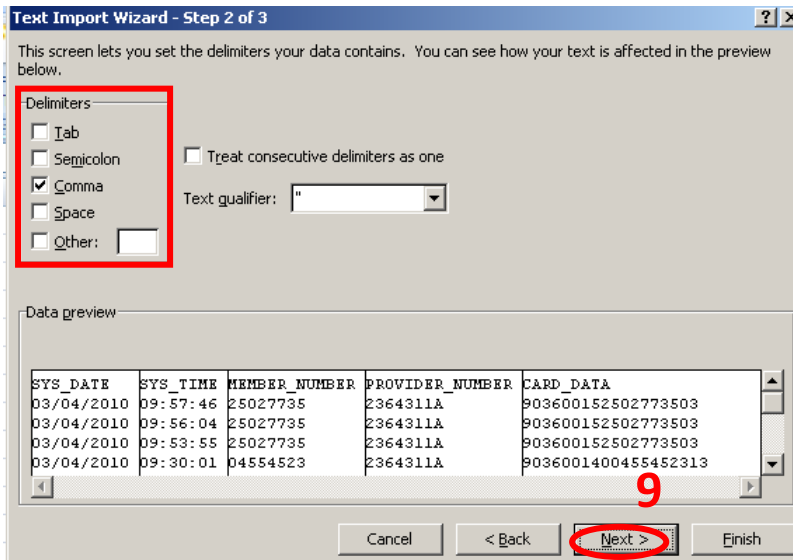
4. Navigate to the location that you saved the file and select it
5. Click 'Import'



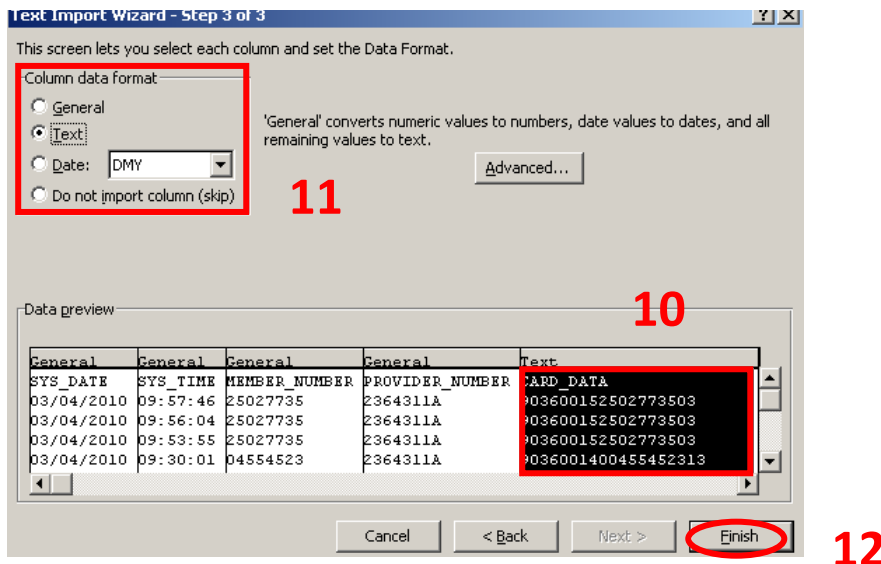
6. A new window will now appear. Ensure the button next to 'Delimited' is selected
7. Click 'Next >'



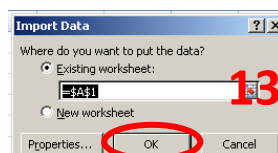
8. On the new window in the 'Delimiter' section tick "Comma" [if any other boxes are ticked, untick them- there should only be one box ticked]
9. Click 'Next >'



10. Click with the mouse cursor in the 'Card_Data' field- the background will now change from white to black
11. In the "Column data format" section, select 'Text'
12. Click 'Finish'



13. A new window will now appear- Click 'OK'

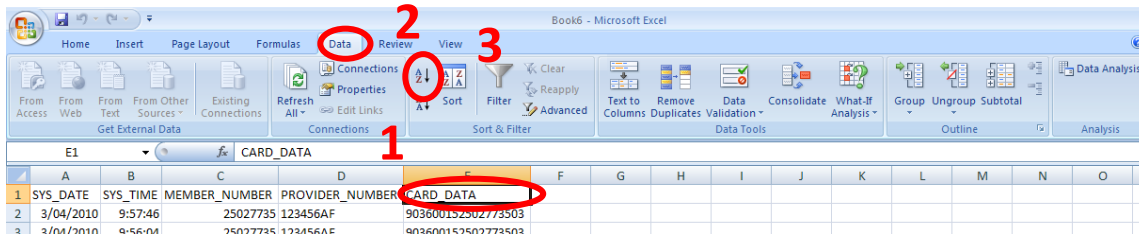


Step 3- Save the workbook

1. Click Save and save the file in your desired location

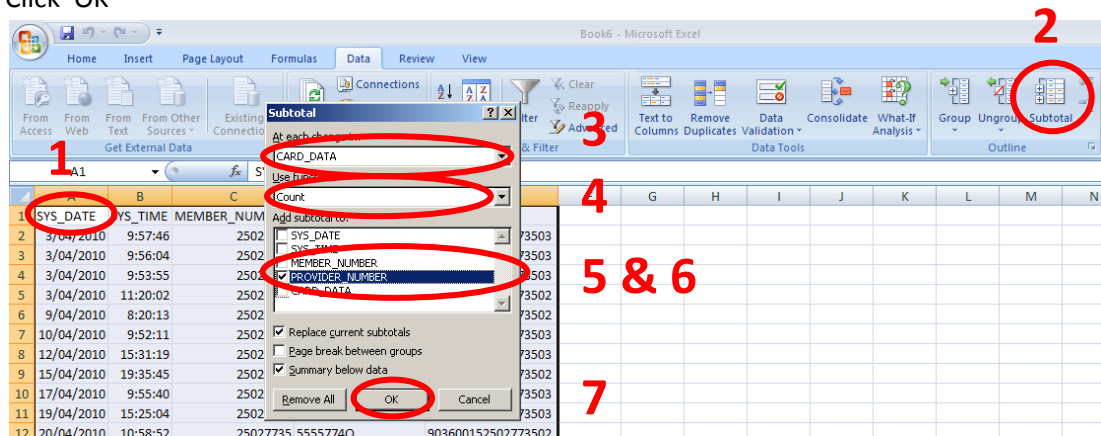
Step 4- Sorting transactions by Card Data

1. Click on the words "CARD_DATA" [in the example this will be in cell E1]
2. Click on the 'Data' tab in the top menu of the excel workbook
3. Click on the 'AZ' button



Step 5- Adding a line break when the Card Data changes

1. Click in the first cell 'SYS_Date'
2. Click on the 'Subtotal' button
3. In the 'At each change in:' drop down menu, change from SYS_Date to CARD_DATA
4. In the 'Use Function:' drop down menu, change from Sum to 'COUNT'
5. In the 'Add subtotal to:' box, untick any boxes that are ticked
6. Scroll up and tick the box next to "PROVIDER_NUMBER" (this should be the only box ticked)
7. Click 'OK'



8. Look to see if the same card was only used by one provider and the other card was used at several other providers.

Monitoring card use across postcode

Background

Funds have uncovered in the past, practices that retain membership cards to swipe claims when the member is not present. This can be important for funds that do not allow backdating of claims. On family policies, one card can be left with the provider while the family utilises the other card for other legitimate transactions. This process will help identify which card is being used at what provider.

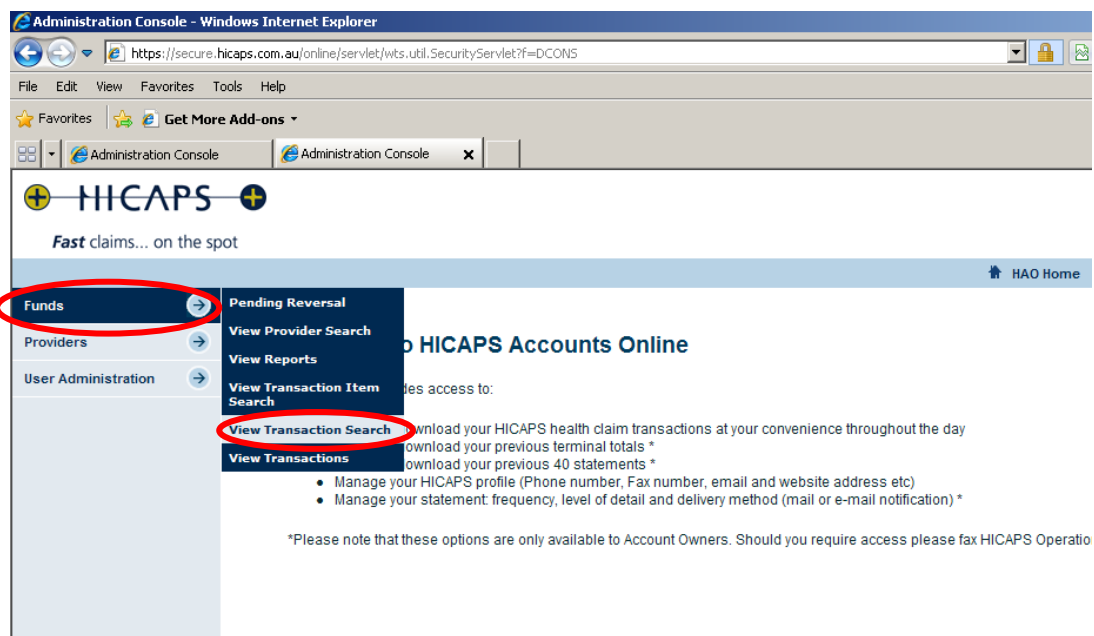
Use to identify

- Providers that are possibly retaining membership cards
- Family memberships possibly leaving one card with a provider and using the other to claim all other claims

Procedure

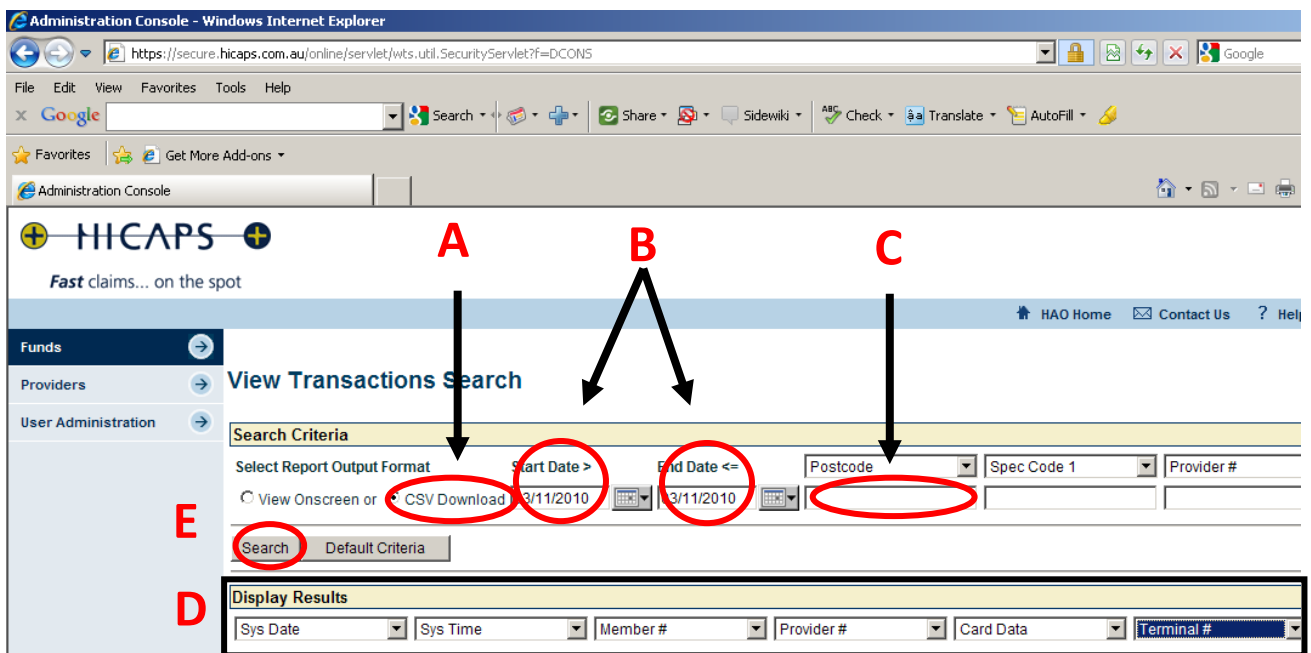
Step 1- extracting data from HICAPS Online

1. Navigate to the HICAPS website (www.hicaps.com.au) and login to “Accounts Online”
2. Hover your mouse cursor over the ‘Funds’ tab on the top left hand side of the page. A box will now appear as shown below.

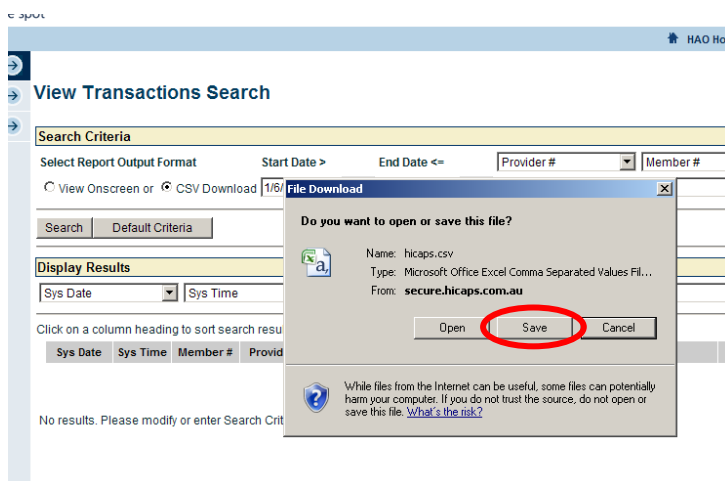


3. In the box that has now appeared, select the “View Transaction Search” (see above)
4. On the search screen:

- a. Change the 'Report Output Format' to "CSV Download"
- b. Change the **start** and **end dates** to reflect the period you want the data extracted (Note: If the query is taking too long, please try a shorter time period)
- c. Put the **postcode** in the white box below the 'Postcode' field
- d. Ensure that the "Display Results" have the following options selected (preferably in this order):
 - i. Sys Date
 - ii. Sys Time
 - iii. Member #
 - iv. Provider #
 - v. Card Data
 - vi. Terminal #
- e. Click 'search'



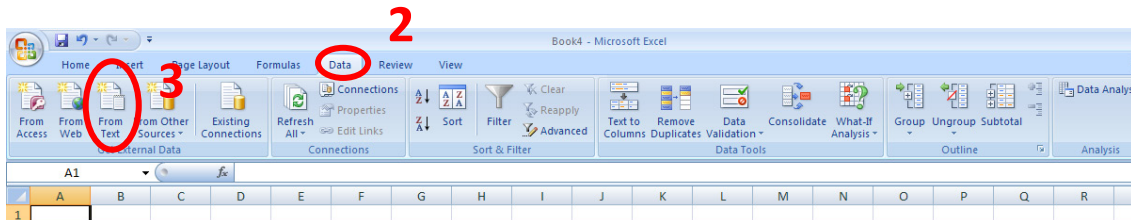
5. The 'File Download' box will appear (pictured below). Click on 'save'



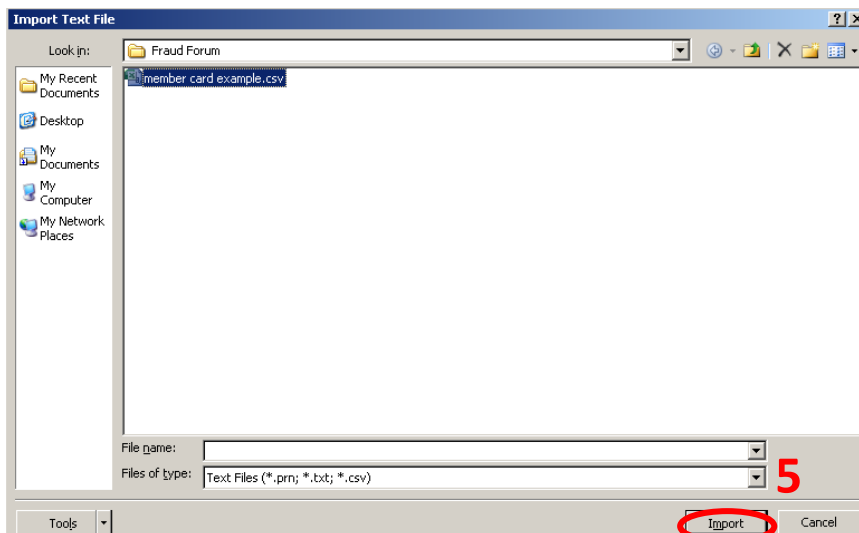
IMPORTANT: You must save this file rather than opening it. Excel will alter the card number if you do not follow the process below.

Step 2- Opening the file in Excel

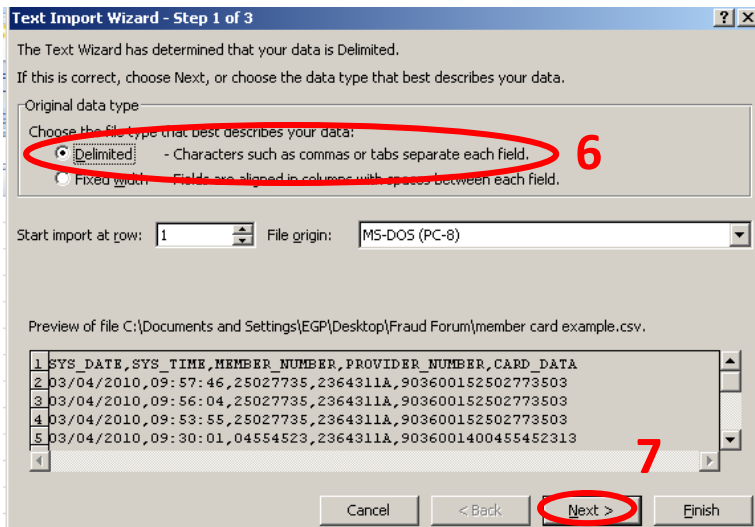
1. Open Excel
2. Click on the 'Data' tab in the top menu of the excel workbook
3. Click on the 'From Text' button



4. Navigate to the location that you saved the file and select it
5. Click 'Import'

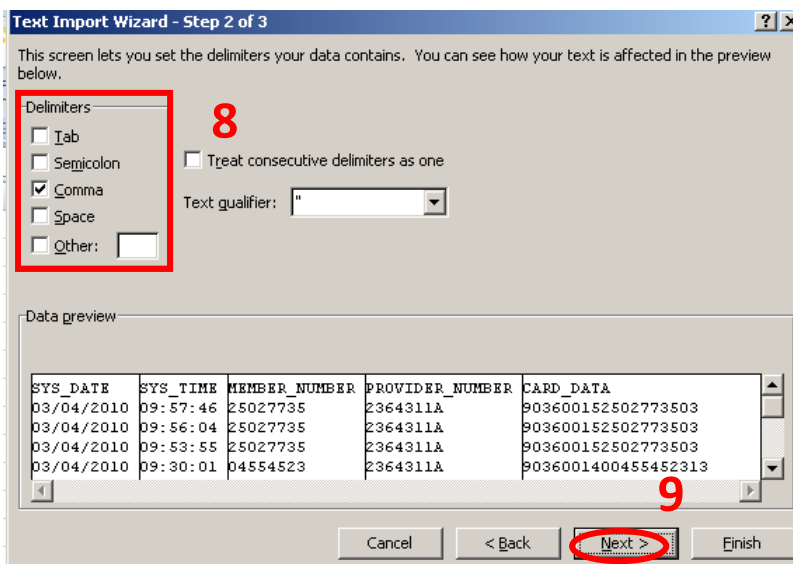


6. A new window will now appear. Ensure the button next to 'Delimited' is selected
7. Click 'Next >'



8. On the new window in the 'Delimiter' section tick "Comma" [if any other boxes are ticked, untick them- there should only be one box ticked]

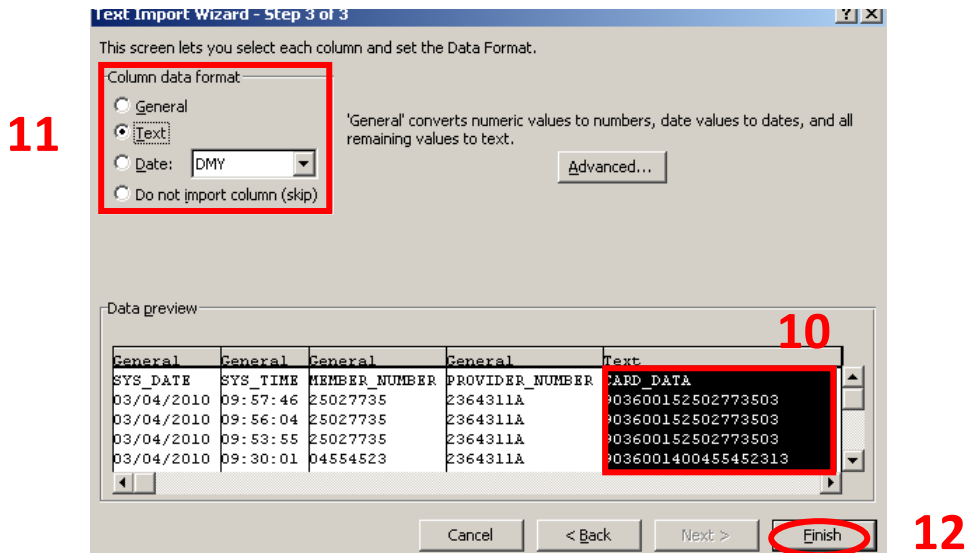
9. Click 'Next >'



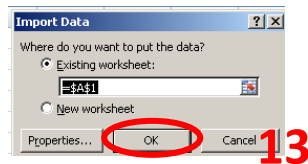
10. Click with the mouse cursor in the 'Card_Data' field- the background will now change from white to black

11. In the "Column data format" section, select 'Text'

12. Click 'Finish'



13. A new window will now appear- Click 'OK'

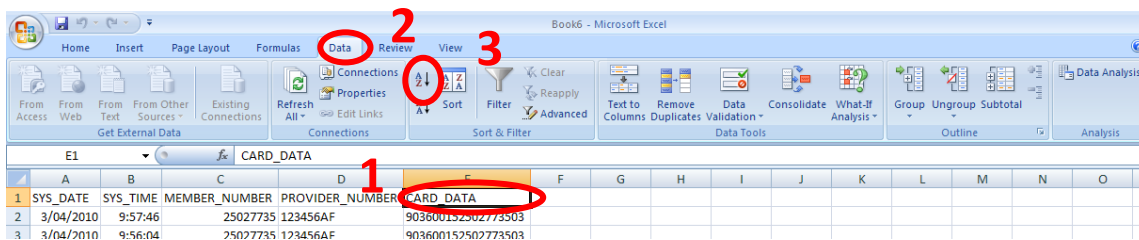


Step 3- Save the workbook

1. Click 'Save' and save the file in your desired location

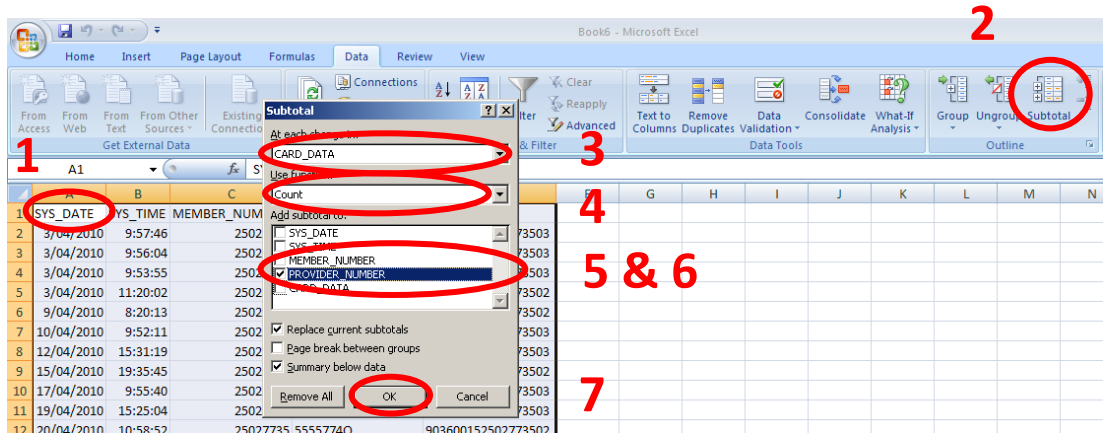
Step 4- Sorting transactions by Card Data

1. Click on the words "CARD_DATA" [in the example this will be in cell E1]
2. Click on the 'Data' tab in the top menu of the excel workbook
3. Click on the 'AZ' button



Step 5- Adding a line break when the Card Data changes

1. Click in the first cell 'SYS_Date'
2. Click on the 'Subtotal' button
3. In the 'At each change in:' drop down menu, change from SYS_Date to CARD_DATA
4. In the 'Use Function:' drop down menu, change from Sum to 'COUNT'
5. In the 'Add subtotal to:' box, untick any boxes that are ticked
6. Scroll up and tick the box next to "PROVIDER_NUMBER" (this should be the only box ticked)
7. Click 'OK'



8. Look to see if the same card was used by multiple provider numbers across the period.

Chair-side hours

Background

Certain modalities under the HICAPS network have time based items. By extracting the data, you can identify the items used and accord the equivalent time required for the item. A summing of these times will give you the 'chair-side' hours for your fund for that provider over the given day/s.

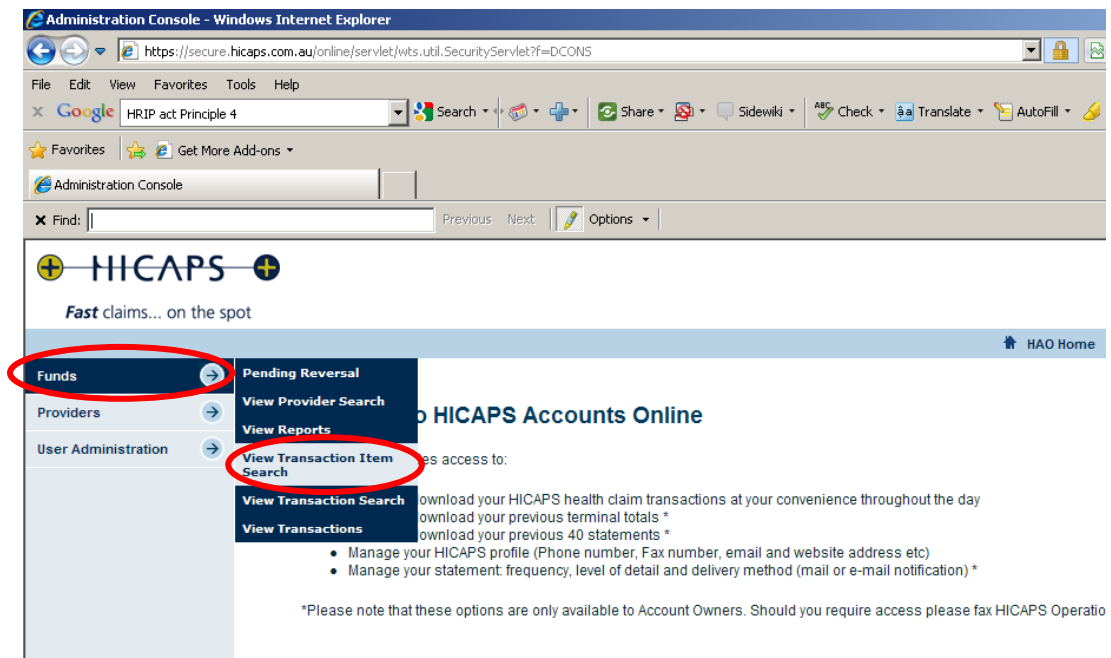
Use to identify

- Up-coding
- Padding of claims
- Adding additional patients not present

Procedure

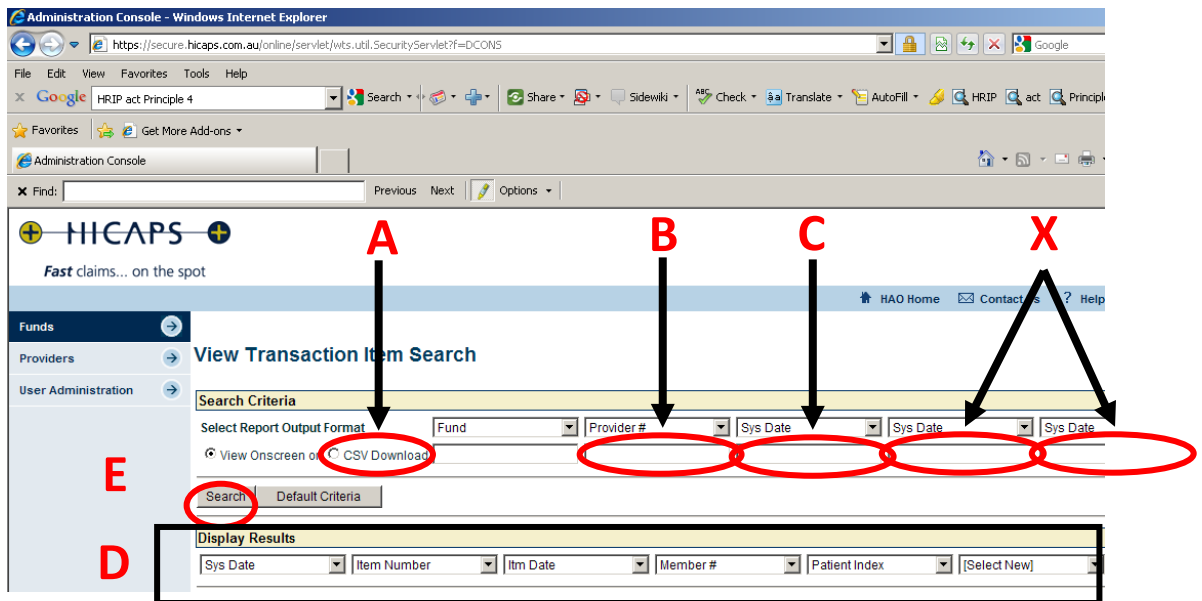
Step 1- extracting data from HICAPS Online

1. Navigate to the HICAPS website (www.hicaps.com.au) and login to "Accounts Online"
2. Hover your mouse cursor over the 'Funds' tab on the top left hand side of the page. A box will now appear as shown below.



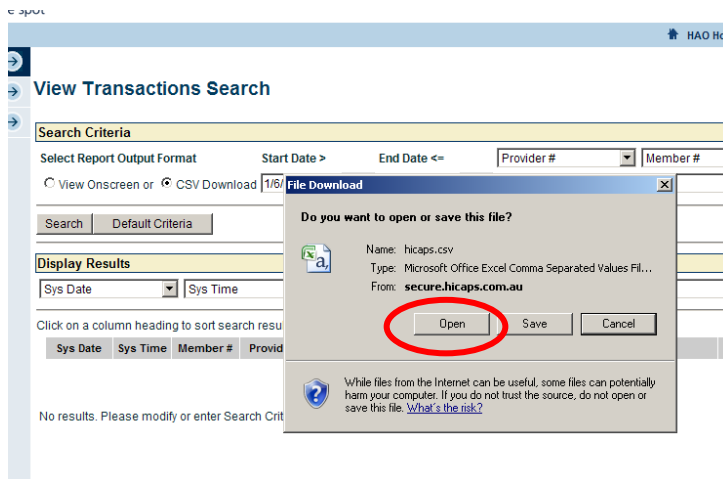
3. In the box that has now appeared, select the "View Transaction Item Search" (see above)
4. On the search screen:
 - a. Change the 'Report Output Format' to "CSV Download"

- b. Put the **provider number** in the white box below the 'Provider #' field
- c. Enter the date you wish to report on in the 'Sys Date' field
- d. Ensure that the "Display Results" have the following options selected (preferably in this order):
 - i. Sys Date
 - ii. Item Number
 - iii. Itm Date
 - iv. Member #
 - v. Patient Index
- e. Click 'search'



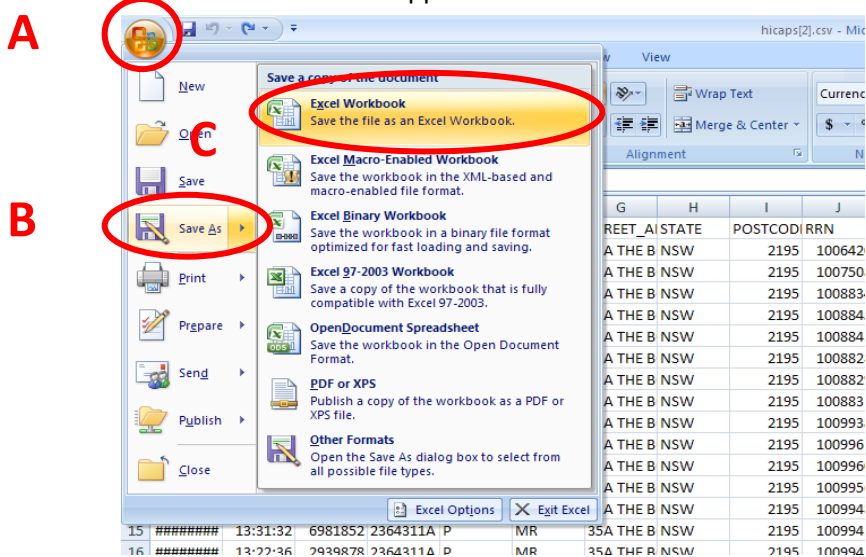
Tip: You can add additional dates by selecting more occurrences of 'Sys Date' in the search criteria section of the window (see 'X' above) and putting a date in the field beneath each (one date per box). The system will extract data for each of the dates that you enter.

5. The 'File Download' box will appear (pictured below). Click on 'open'



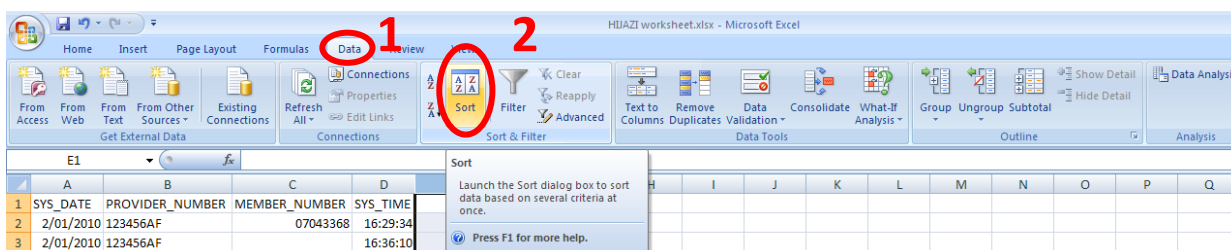
Step 2- Changing file type from CSV to Excel workbook

1. The file will now open in Excel. Currently it is in the format of 'csv', we need to change to an excel format. To do this:
 - a. Click on the round circle in the top left hand corner
 - b. Hover your mouse cursor over 'Save As' *It is important you **DO NOT** click on it*
 - c. A box will now appear- click on "Excel Workbook" at the top of the list

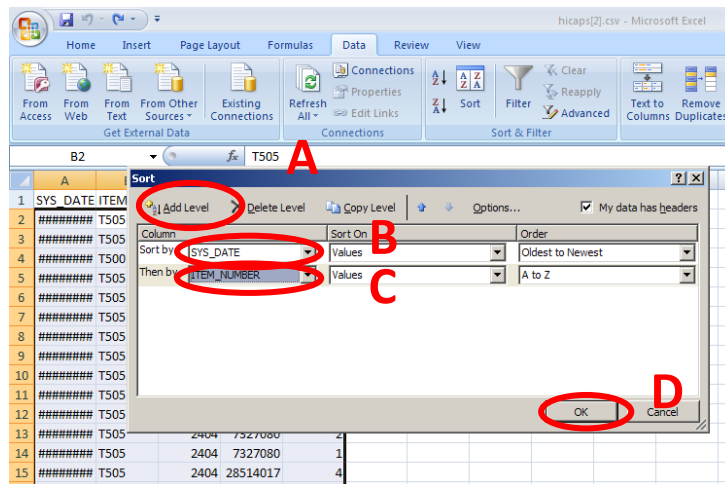


Step 3- Sorting transactions into chronological order

1. Click on the 'Data' tab in the top menu of the excel workbook
2. Click on the 'Sort' button

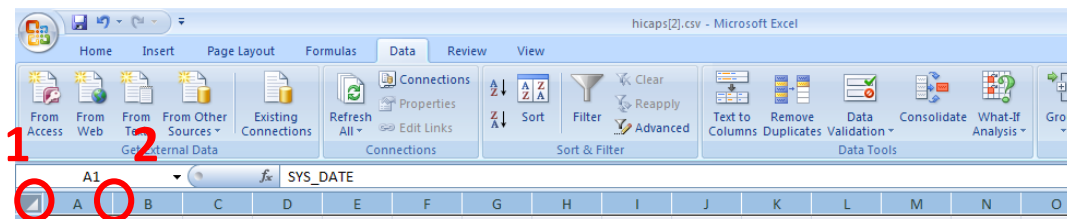


3. To order the file correctly we need to sort by the date then by time. To do this:
 - a. Click on the 'Add Level' button- this will add an extra line into the white box
 - b. In the first drop down box select 'SYS_Date'
 - c. In the second drop down box select 'Item_Number'
 - d. Click 'OK'



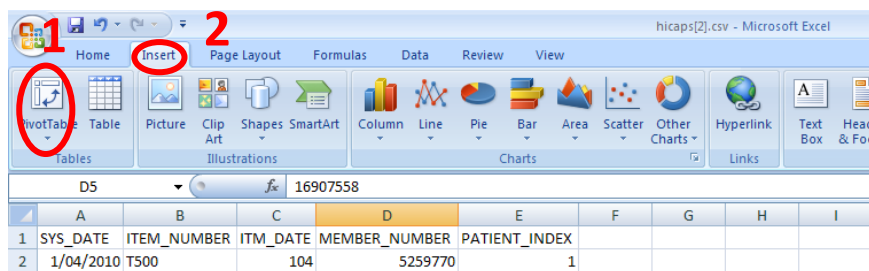
Step 4- Resize the cells to fit the content

1. Click on the corner between the letter 'A' and number '1' as shown below- This will highlight all of the workbook
2. Double click on the white line between 'A' and 'B'

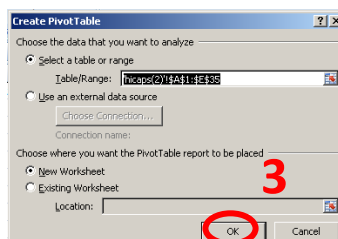


Step 5- Creating a pivot table

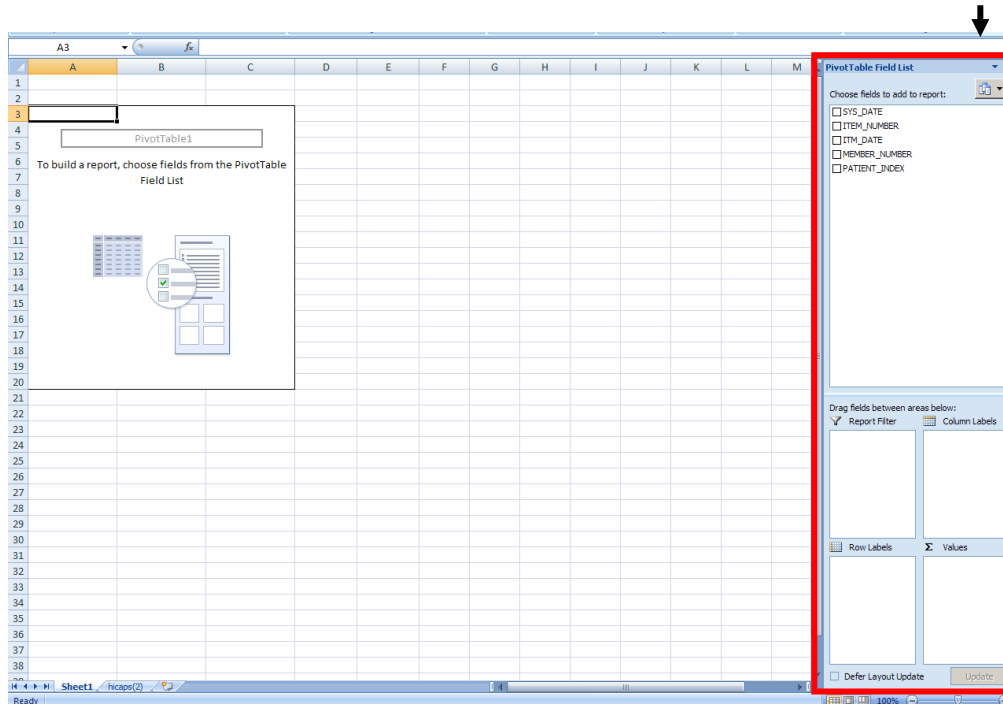
1. Click on the 'Insert' tab in the top menu of the excel workbook
2. Click on the 'Pivot Table' button



3. A new window will now appear- Click OK

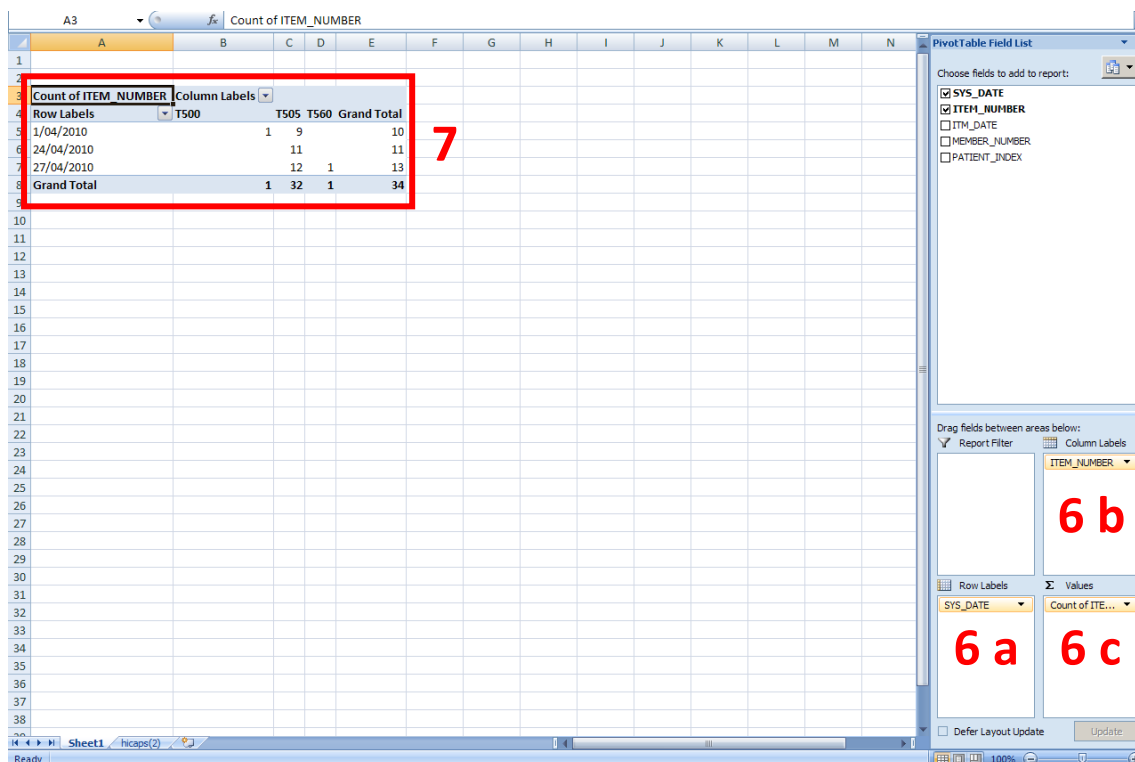


4. A new sheet will now be added to your workbook.
5. On the right hand side of the screen will be the Pivot Table Field List (see below)



6. Drag and drop:
 - a. "Sys_Date" into the Row Labels box
 - b. "ITEM_Number" into the Column Labels box
 - c. "ITEM_Number" into the Values box

7. A table will now be created containing the information



Appendix A- Item Response Codes

Code	Description	Receipt Print Out
00	- Approved	<i>Approved</i>
01	- Nil benefit payable on this item	<i>Item No Benefit</i>
02	- Nil benefit - restricted item	<i>Restricted Item</i>
03	- Reduced benefit - restricted item	<i>Restricted Item</i>
04	- Nil benefit - benefit previously paid	<i>Previously Paid</i>
05	- Nil benefit - limit reached	<i>Limit Reached</i>
06	- Reduced benefit - limit reached	<i>Limit Reached</i>
07	- Nil benefit - qualifying period applies	<i>Waiting Period</i>
08	- Nil benefit - pre-requisite service required	<i>PreReq Ser Reqd</i>
09	- Nil benefit - pre existing ailment	<i>Pre Existing</i>
10	- Item number invalid	<i>Item Nbr Invalid</i>
11	- Item number ceased	<i>Item Nbr Ceased</i>
12	- Item not valid for provider	<i>Item Not Valid</i>
13	- Item not approved ...not payable by HICAPS	<i>Item Not Apprvd</i>
14	- Service exceeds number of times permitted	<i>Max Nbr Ser Exc</i>
15	- Cost must be entered	<i>Cost Missing</i>
16	- Date of service must be before today	<i>DOS Not Valid</i>
17	- Date of service too old	<i>DOS too Old</i>
18	- Clinical Code required	<i>Clincl Code Rqd</i>
19	- Patient not covered	<i>Pat Not Covered</i>
20	- Dependent status ceased	<i>Depd Status End</i>
21	- Invalid patient code	<i>Invald Pat Code</i>
22	- Membership not covered	<i>Mship Not Cover</i>
23	- Membership ceased/suspended at DOS	<i>Mship Ended DOS</i>
24	- Membership unfinancial	<i>Mship Unfin DOS</i>
25	- No ancillary cover	<i>No Ancill Cover</i>
26	- Not covered for this service	<i>Item Not Coverd</i>
27	- Duplicate service already processed	<i>Duplicate Serv</i>
28	- Nil benefit – Excess on services applied	<i>Excess on Serv</i>
29	- Reduced benefit – Excess on services applied	<i>Excess on Serv</i>
30	- Nil benefit – Quote required prior to service	<i>Quote Required</i>
31	- Reduced benefit – Quote required prior to service	<i>Quote Required</i>
32	- Nil benefit – Claim exceeds quotation	<i>Exceeds Quote</i>

Code	Description	Receipt Print Out
33	- Reduced benefit – Claim exceeds quotation	<i>Exceeds Quote</i>
34	- Nil benefit – Age restriction applies	<i>Age Restriction</i>
35	- Reduced benefit – Age restriction applies	<i>Age Restriction</i>
36	- Nil benefit – Gender restriction applies	<i>Gender Restrict</i>
37	- Reduced benefit – Gender restriction applies	<i>Gender Restrict</i>
38	- Nil benefit – Amount charged is invalid	<i>Invalid Charge</i>
39	- Notional Charge	<i>Notional Charge</i>
40	- Converted Item	<i>Converted Item</i>
41	- Refer to Health Fund	<i>Refer to Fund</i>
42	- System Problem	<i>System Problem</i>
43	- Transaction Declined – Refer Tran Resp Code	<i>Tran Declined</i>
50	- Provider not approved by Fund (at DOS)	<i>Prov Not Approv</i>
51	- Provider not approved by Fund for this service at DOS	<i>Prov Not Approv</i>
52	- Tooth ID Number Required	<i>Tooth Id Reqd</i>
53	- Service Date Before Injury Date	<i>DOS before Injury</i>
54	- Transaction Submitted for Processing	<i>Submitted</i>
P0-PZ	Refer to Health Fund	<i>Refer to Fund</i>

Appendix B- Transaction Response Codes

Code	Description	Receipt Print Out
00	- Approved or completed successfully	<i>Approved (8)</i>
01	- Provider not approved by fund	<i>Prov Not Approv (15)</i>
02	- Membership under investigation	<i>Mship Under Invest (19)</i>
03	- Invalid provider number	<i>Invalid Prov Nbr (16)</i>
04	- Retain card	<i>Retain Card (11)</i>
05	- Transaction Timeout (Terminal reports as 91)	<i>System Inoperative (17)</i>
06	- Transaction Timeout (Subsequently identified)	
09	- Transaction submitted for processing	<i>Submitted</i>
12	- Declined	<i>Declined (8)</i>
14	- Invalid card number (no such number)	<i>Invalid Card Nbr (16)</i>
19	- No items entered	<i>No Items Entered (16)</i>
21	- No action taken	<i>Call Help Desk(14)¹</i>
32	- System generated Reversal	
40	- Membership not covered	<i>Mship Not Covered (18)</i>
42	- Membership ceased/suspended at date of service	<i>Mship Ended at DOS (19)</i>
51	- Membership unfinancial	<i>Mship Unfinancial (17)</i>
54	- Expired card	<i>Expired Card (12)</i>
56	- Invalid membership number	<i>Invalid Mship Nbr (18)</i>
57	- No ancillary cover	<i>No Ancillary Cover (19)</i>
58	- Transaction not permitted to terminal	<i>Txn Not Permitted (17)</i>
60	- Provider not registered with fund	<i>Provider Not Registd (16)</i>
61	- Benefit limit exceeded	<i>Benefit Limit Exced (19)</i>
68	- System generated Reversal	
80	- Payment should be made by the Claimant's Employer	<i>Refer Employer (14)</i>
81	- Unable to Match Cancel to Previous Claim	<i>Unmatched Cancel (16)</i>
82	- Claim being Cancelled has already been Settled	<i>Unsupported Cancel (18)</i>
91	- Health Fund Down	<i>Fund Down (10)</i>
94	- Duplicate transmission	<i>Duplicate Txn (13)</i>
97	- Advises that reconciliation totals have been reset	<i>Reconc Totals Reset (19)</i>
QL	- Quote Limit Reached	<i>Quote Limit Reached</i>
QN	- Quote Not Available	<i>Quote Not Available</i>
P0-PZ	Refer to Health Fund	<i>Refer Health Fund (17)²</i>

If you would like further assistance with
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