



myMPS

How to guide

How to conduct a Benefit Check

A **Benefit Check** can only be done from the **myMPS** calendar. It is an automated feature that is triggered when a patient is added into the '**Waiting Room**' or booked into the **Calendar**.

To make a booking, click in the preferred time slot in the calendar.

You will be presented with the appointment window where you can fill in all the necessary details pertaining to the patient's visit.

At the bottom of the window, there is a '**Show benefits check lines**' link that enables you to see the default **Tariff Codes** that are being used for the **Benefit Check**.

Appointment				Provider unavailable	
Thu, 28 Nov 08:15 AM		15 min	Provider	Dr G Pract	
<input type="checkbox"/> Search for new patient in Healthbridge community					
Penny Nene 50264983 0662666690					
Name	Penny		Schema	DISCOVERY	
Surname *	Nene		Plan	EXECUTIVE	
Cellphone	066 266 6690		Option	EXECUTIVE	
Account type	Medical aid		Member no.	50264983	
Visit type	Regular consultation		Dep. code	00	
Appointment note	Enter any appointment info		Date of birth	15/10/1979	
Note to provider	Send note to Dr App		File number		
Show benefit check lines					
<input type="button" value="Reset"/> <input type="button" value="Close"/> <input type="button" value="Save"/>					

You have the option to edit the default codes by clicking the '**add line**' and add your own.

Once complete click '**Save**'.

Hide benefit check lines		
Tariff Code	Diagnosis	Amount
<input checked="" type="radio"/> add line	0190 - New and established patient: Consultati...	Z03.9 R 455.90
	Total	R 455.90
		<input type="button" value="Reset"/> <input type="button" value="Close"/> <input type="button" value="Save"/>

If the patient does not have an appointment, click the '**add walk-in**' button. This will bring up the '**Walk in patient**' appointment window where you will be able to create an appointment for them.

Waiting room
<input checked="" type="radio"/> add walk-in

Contact us:
0860 200 222 | csc@healthbr...

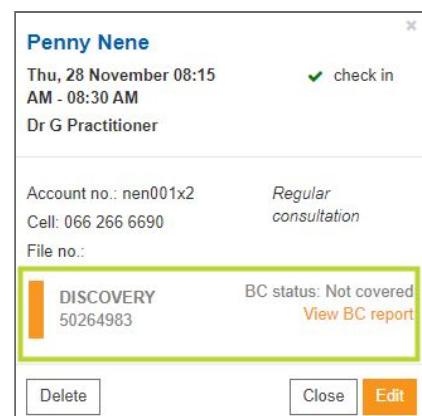
Calendar	Inbox	Accounts	Admin	Reports
<input type="button" value=""/> < > 28 November 2019	Thu 28 Nov			
06:00 am				
07:00 am	7:00 am - A JONKER			

The patient will be added to the calendar and the **Benefit Check** will be triggered. Each patient's appointment will be color coded according to the **Benefit Check** response.

Note: The colours and meanings are as follows:

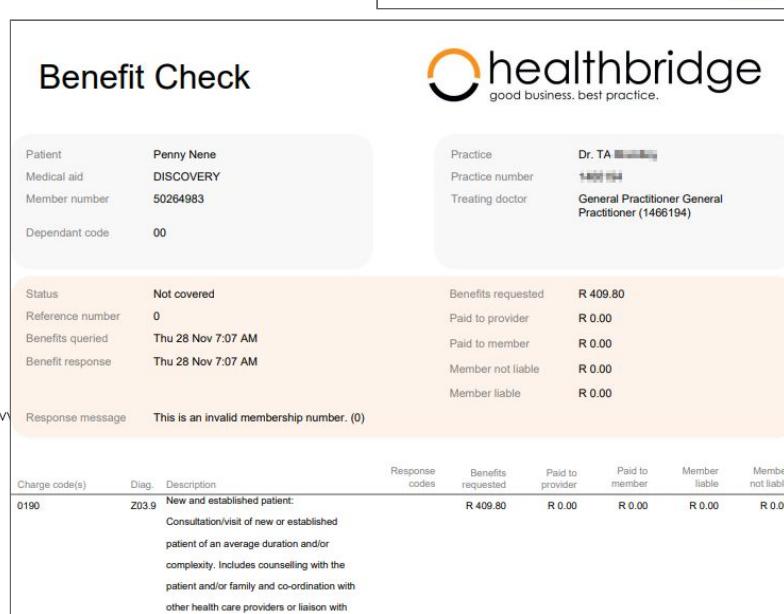
Colour	Meaning
Green	Fully covered.
Yellow	Partially covered. There will be a patient liable portion.
Orange	Not covered. Inform the patient that there are no funds available and discuss payment methods.
Red	Rejected. Benefit Check was rejected due to invalid patient information. Correct the patient information and resubmit.
Grey	Awaiting response. A response will be received the same day, during business hours.
Blue	No benefit check triggered. Not enough information or cash.

If you would like to see a more detailed **Benefit Check** response, click on the patient's appointment. At the bottom of the pop up window, there will be a colored block with the **Benefit Check** response. Click the '**View BC report**' link in order to see more details.



This will open up a pdf with the full **Benefit Check** which can be printed or emailed to the patient if desired.

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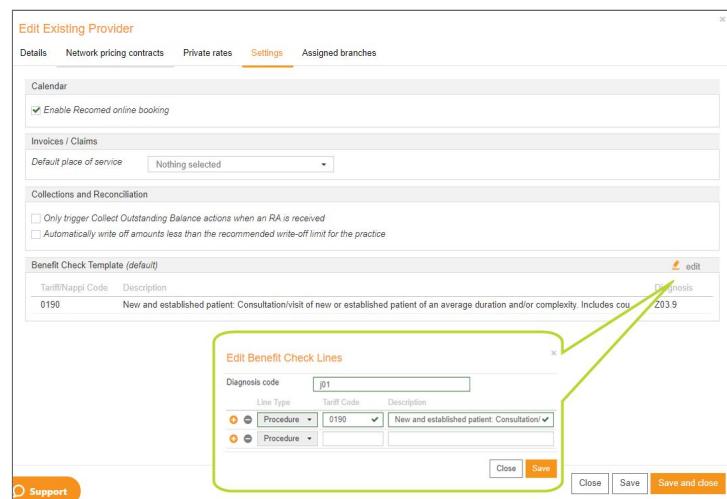
Setting up Benefit Check templates for each treating provider

If there are multiple treating providers at the practice, each one can customise their default template. This functionality can be found in the '**Admin**' tab, under the '**Providers**' menu option.

Select the provider and then go to the '**Settings**' tab.

If the **Benefit Check** template has not been set/customised, it will show as '**default**' in brackets.

To set/customise **Benefit Check** lines, click the '**Edit**' link then add your diagnosis and procedure lines from the pop up.



Note: Once these are saved, each time a patient is booked into the calendar or added to the walk-in, the **Benefit Check** will be triggered with the selected treating provider's tariff codes.