



# 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 window for Penny Nene (50264983 0662666690). The window includes fields for Name, Surname, Cellphone, Account type, Visit type, Appointment note, and Note to provider. It also displays Scheme (DISCOVERY), Plan (EXECUTIVE), Option (EXECUTIVE), Member no. (50264983), Dep. code (00), Date of birth (15/10/1979), and File number. A green box highlights the 'Show benefit check lines' button at the bottom left.

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

Once complete click **'Save'**.

Tariff Code	Diagnosis	Amount
add line		
0190 - New and established patient: Consultati...	Z03.9	R 455.90
Total		R 455.90

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 window with a green plus icon and the text 'add walk-in'.

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Calendar window showing a booking for 7:00 am - A JONKER on 28 November 2019. The calendar interface includes navigation buttons, a date selector, and a list of appointments.

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. <b>Benefit Check</b> 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.

**Penny Nene**  
 Thu, 28 November 08:15  
 AM - 08:30 AM  
 Dr G Practitioner

✓ check in

Account no.: nen001x2      Regular consultation  
 Cell: 066 266 6690  
 File no.:

DISCOVERY 50264983

BC status: Not covered  
[View BC report](#)

Delete


Close

Edit

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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**Benefit Check**



Patient: Penny Nene  
 Medical aid: DISCOVERY  
 Member number: 50264983  
 Dependant code: 00

Practice: Dr. TA  
 Practice number: 1466194  
 Treating doctor: General Practitioner General Practitioner (1466194)

Status: Not covered  
 Reference number: 0  
 Benefits queried: Thu 28 Nov 7:07 AM  
 Benefit response: Thu 28 Nov 7:07 AM

Benefits requested: R 409.80  
 Paid to provider: R 0.00  
 Paid to member: R 0.00  
 Member not liable: R 0.00  
 Member liable: R 0.00

Response message: This is an invalid membership number. (0)

Charge code(s)	Diag	Description	Response codes	Benefits requested	Paid to provider	Paid to member	Member liable	Member not liable
0190	Z03.9	New and established patient: Consultation/visit of new or established patient of an average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with		R 409.80	R 0.00	R 0.00	R 0.00	R 0.00

## 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.

**Edit Existing Provider**

Details Network pricing contracts Private rates **Settings** Assigned branches

**Calendar**

☒ Enable Recommended online booking

**Invoices / Claims**

Default place of service: Nothing selected

**Collections and Reconciliation**

☐ Only trigger Collect Outstanding Balance actions when an RA is received

☐ Automatically write off amounts less than the recommended write-off limit for the practice

**Benefit Check Template (default)** [edit](#)

Tariff/Nappi Code	Description	Diagnosis
0190	New and established patient: Consultation/visit of new or established patient of an average duration and/or complexity. Includes cou	203.9

**Edit Benefit Check Lines**

Diagnosis code: g1

Line Type	Tariff Code	Description
Procedure	0190	New and established patient: Consultation/visit
Procedure		

Close Save

Close Save Save and close

**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.