

# [My Health Record \(MHR\)](#)

This page is designed to guide your team through the process of connecting to My Health Record (MHR) via your FYDO account. It outlines the key steps to ensure a seamless integration, helping your hospital streamline the process of uploading of Discharge Summaries.

By preparing ahead of time, you'll have everything needed for a smooth transition, allowing both staff and patients to benefit from a more connected healthcare experience.

Explore the page to ensure your team is ready for this important integration, and feel free to contact us with any questions at **(02) 9632 0026** or **support@alturahealth.com.au**

On the 28th of November 2023 we partnered with the **Australian Digital Health Agency** to present a webinar to our customers. This webinar provided essential information on the steps required for your hospital's integration with MHR.

Click the link below to access the slideshow from this presentation. It offers step-by-step instructions on tasks like **how to register a seed organisation, registering for PRODA, linking your Healthcare Identifiers to HPOS, registering your organisation for HPI-O, and more.**

[Implementing My Health Record in a Private Hospital or Day Surgery Webinar](#)

Additional information on how to register your organisation for My Health Record can be accessed [here](#).

## My Health Record Timeline

The [Advisory AS18/11: Implementing systems that can provide clinical information into the My Health Record system](#) outlines the timeframes for implementation of a system to upload Discharge Summaries to MHR.

As of September 2024, this advisory stated:

*To comply with Actions 1.17 and 1.18, health service organisation must:*

- *By June 2024, have developed a detailed plan that complies with:*
  - *all requirements of Part 5 of the Rule;*
  - *user of national patient and provider identifiers (IHIs, HPI-Os, HPI-Is); and,*
  - *user of standard national terminologies.*
- *By December 2024, have ongoing monitoring and evaluation of compliance with the requirements of Action 1.17 and 1.18.*

*Accrediting agencies are required to:*

- *Review evidence that:*

- From July 2024, the organisation has completed a gap analysis, has a detailed plan and the plan is being implemented
- From January 2025, the organisation has a system to monitor and evaluate compliance with Action 1.17 and 1.18.
- Rate Action 1.17 as met, only if the organisation demonstrates achievement of the specific requirements of the Action in the relevant year.
- Rate Action 1.18 as met only if the organisation demonstrates embedded processes in accordance with the specific requirements of the Action in the relevant year.
- Rate Actions 1.17 and 1.18 as met with recommendations if there is evidence of a gap analysis and finalised plan endorsed by executive and the plan is being implemented and monitored (NB. where these requirements are met, these actions may be rated 'met with recommendation' for no more than one accreditation cycle).



The information above outlines that, from January 2025, the health service organisation are expected to **works towards implementing** systems capable of providing clinical information to MHR. Additionally, organisations must have **processes that**

- **describe access to the system** and
- **maintain the accuracy and completeness of information the organisation uploads**

## What can you do to prepare for the MHR integration?

Facilities can ensure they are ready for the integration as soon as it becomes available by:

- Ensuring they have registered their organisation and obtained their **HPI-O**
- Collecting the individual **HPI-I's** of their doctors
- Review **Advisory AS18/11** to conduct the required gap analysis and ensure a detailed plan is in place and being implemented.
- Await an email, from us at FYDO, that advises of our **CSP number** so that you can link your **HPI-O**
- **Set required access levels** for all staff to Upload and Remove Discharge Summaries from MHR. This can be done by an authorised staff member from your facility by navigating to **Settings > User Groups**.

We appreciate your patience and support as we continue to undergo conformance testing, with the Australian Digital Health Agency, to implement this integration with MHR.

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# Single Sign On (SSO) with FYDO

At FYDO, we are committed to continuously enhancing the security and convenience of our platform for our valued customers. And because of that, we use Single Sign On (SSO) to FYDO! This feature will allow you to access FYDO using your existing credentials from Microsoft or Google, simplifying your login process while maintaining the highest level of security.

SSO is a secure authentication process that enables you to log in to multiple applications with a single set of credentials. By integrating SSO, we aim to provide you with a seamless and efficient log in experience.

When you log in, you will notice two buttons for Microsoft and Google account access, as pictured below.



If you are already logged into your browser with either a Google or Microsoft account, you can click on the applicable button to log in. This will take you directly to the FYDO dashboard or the Two-Step Verification Process via SMS, email, or an Authentication App as usual.

**Note-** The account you use must already be set up in FYDO to proceed.

If you are not already logged into your browser with an account, you will be prompted to '**Pick an account**' or '**Use another account**' as shown below. You will need to enter your password to proceed.



You may still use your email and password to log in unless your FYDO account subscriber has forced SSO to be used. In that case, you may receive a message at the top of the screen, as shown:



If you receive the message above, please try using the Microsoft or Google buttons. If you still have problems logging in, **contact your FYDO account subscriber** (*the person in charge of FYDO at your facility*) before reaching out to Altura Health Support.

**If you have forgotten your Microsoft or Google password, please contact your IT department. This issue is separate from FYDO and cannot be addressed by Altura Health Support.**

## **How to enforce SSO in FYDO**

SSO authentication can be enforced for all or selected users. Once SSO is enforced, an email invitation will be sent to the applicable user/s, advising them to activate their account via SSO. The user does not need to use the email invitation link; they can go directly to the FYDO website.

**Note:** Once a user is required to use SSO by their facility, their existing password will be deleted.

To enforce SSO for all users:

1. Go to **Settings > Security** and click **Edit**.
2. Tick the **SSO as Mandatory** tick box (as shown below) and click **Save**.



If, for any reason, some users are unable to authenticate using SSO, they can be reverted back to the standard email/password authentication method.

**To revert all users to email/password authentication:**

1. Simply untick the **SSO as Mandatory** box in **Settings > Security**.

**To revert specific users to email/password authentication:**

1. Go to **Settings > Users**
2. Double-click on required user
3. Click **Edit**
4. Untick **SSO Mandatory**
5. Click **Save**

Reverted users will receive another email invitation to set up their new password.

You can see which users have SSO enforced and whether they have successfully authenticated using SSO by going to **Settings > Users**.



- **SSO Blank:** User not forced to use SSO
- **SSO Red Cross:** User forced to use SSO but not activated
- **SSO Green Tick:** User has activated SSO

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## [Hospital Data Extracts Reference Guides](#)

Each month you will be required to submit data of patient discharges to various agencies. Each entity has its own reporting requirements surrounding the data it collects. Below are links to each of their websites' reference guides that stipulate what information is required for submission.

State health departments also require data. However, you will only need to submit data to the state the facility is located in.

### [PHDB \(Private Hospitals Data Bureau\)](#)

### [HCP \(Hospital Casemix Protocol\)](#)

### [QLD Health- QHAPDC](#)

### [VIC Health - VAED](#)

### [SA Health- APC](#)

### [TAS](#)

### [NT](#)

### [WA Health- HMDS \(formerly HA22\)](#)

- [TCheck](#) - Validation Tool

### **NSW - *No Website Available***

**Email: [MOH-phiscolive@health.nsw.gov.au](mailto:MOH-phiscolive@health.nsw.gov.au)**

For more instructions on **Hospital Data Extracts Setup** visit our wiki page:  
[Data Extracts Setup](#)

For more instructions on **Extracting Hospital Data from FYDO** visit our wiki page:  
[Hospital Data Extraction](#)

For more instructions on **Re-Extracting Hospital Data from FYDO** visit our wiki page”  
[Re-Submitting a Hospital Data Extract](#)

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## [MYNT Billing - Guide for Hospitals](#)

*This guide has been prepared for FYDO Hospitals that are also MYNT Billing clients.*

### **Invoicing**

The MYNT Billing team will invoice your private health fund patients two to three times per week. Please note that this excludes uninsured, third party, Workcover and overseas patients (unless requested).

In order for the MYNT Billing Team to generate invoices, the following steps must be completed by staff at your facility:

1. Ensure the Episode Status is **Discharged**
  
2. Complete Theatre Screen information accurately, including the following information at a minimum;
  - a. **Anaesthetic Type**
  - b. **Time In Theatre** and **Time Out Theatre**
  - c. Item numbers/**Code**
  - d. **Other Services**, if required, such as prostheses, disposables, surcharges
  - e. **Theatre Complete** tick box checked



*It is imperative that facility staff ensure the accuracy of this information, as the MYNT Billing team does not have access to medical records to verify.*

3. Ensure Episode is Coded and Grouped, by completing the **Diagnosis**, **Procedure** and **DRG** sections in the Coding Screen – see [Hospital Coding – FYDO Wiki](#)



*For many disciplines, coding may be impacted by pathology results, or awaiting doctor verification of items performed. If coding is on hold, please designate a **Theatre on Hold** reason (e.g. Pending Pathology, Awaiting Item Numbers, etc) in the Theatre Screen. (Additional reasons can be added in Settings > Theatre Hold Reasons.)*



The MYNT Billing team will run a Billing Status Report for your site, once per week, to identify any episodes that cannot be invoiced and outline the reasons for this (e.g. waiting on coding).

## **Rejected Claims**

The MYNT Billing team will review rejections daily, and strive to address any rejections within two business days. If we are awaiting information or action from your facility in relation to a rejection, notes will be recorded in the **Financial Notes** tab for the episode.



## Debtors

The MYNT Billing team will be responsible for following up with debtors. A weekly Debtors Report will be sent to the site to outline reasons for any claims outstanding greater than 45 days (e.g. issues with the claim or slower payments – for example some smaller funds, as well as paper-based claims, can take longer to be paid).

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## [Hospital Health Fund Fees - Importing DRG Fees](#)

FYDO now has the option to import DRG fees from an Excel file.

**It is important to note that the file must be an Excel file, and must be set out in the same way as the sample template below.**

Or click the link below to download a blank template:

[DRG-Import-Example](#)

**Using the same column titles as can be seen in this spreadsheet example.**



Column headings need to be:

A - DRG

B - ChargeSD

C - ChargeIP

D - SSTrim

E - SSFee

F - LSTrim

G - LSFee

H - TRF

I - TRFDisc

J - GST

The above layout reflects the content, and order of information, that is displayed in FYDO.



**If the file is not formatted in this way, with the exact column titles, the data will not be able to be imported into FYDO, or will upload into the wrong fields.**

## How to Format an Excel File for DRG Upload

Data from a Health Fund contract can be transferred into the relevant columns of the template, or a copy of a contract can be modified using the following steps:

1. Save a copy of the contract (do not edit the master copy)
2. Go to DRG tab or section in the contract
3. Remove any lines above the DRG header table so that there is only one header row
4. Delete any columns that do not contain the required information as per the images above
5. Ensure the names and order of all columns and the header row match the template exactly

## How to Upload DRG File into FYDO

1. Go to **Settings** & select **Fees Setup**



2. Choose your location from the dropdown menu (only applicable to multi-site users)
3. Select required **Fund**
4. Ensure **Same Day Fees** tab is selected and Click **Edit**



5. Update **Start of Current Fee** and **End of Current Fee** dates
6. Click **Save**



7. Click **DRG Fees** tab
8. Click **Edit**



9. Click **More Actions** and select **Click to move all Current fees to Old** and follow instructions - *this step is optional, however it is recommended as it ensures that episodes prior to the new contract dates are billed at the appropriate rates, otherwise all unbilled episodes will be billed at the newly loaded rates*
10. Click **Save**



11. Click **Edit**
12. Click **More Actions** and select **Import Fees**





13. Click **Fee Type** and select **Current File**



14. Click **Upload DRG Fees File** and locate the relevant Excel file to be uploaded

15. Click **Upload**



16. DRG items and fees will populate into the DRG Fees tab

17. Click **Save**

18. Select **Print** to print or download, then **conduct a spot check with the contract to ensure fees have populated correctly**

**Note: If a DRG no longer exists in the new fees, but there was an old rate, the line will remain in the fees screen and Current will show as \$0 (Old will show the previous rate). If a DRG has a zero-dollar balance under the Current fees AND the Old fees, FYDO will automatically remove this line from the fees page, as it is no longer required.**

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## [Amending a User's Email Address](#)

There may be instances when a user needs to change their FYDO log in email address. This can be done by the user themselves by following the steps below.

The only exception is the Subscriber who is unable to change their email address themselves & will need to contact FYDO Support if amendments need to be made.

1. Hover over **User Profile** (*Your Initials*)

2. Select **Edit Profile**



3. Select **Edit**

4. Amend **Email**

5. Click **Save**



The new email address will need to be used for log ins from there on.

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# How to change user's timezone

Need to change your timezone? Read on to learn how!

*Note: This setting is unique to the user. Therefore, each user will need to check their own timezone settings.*

1. Hover over the **profile icon** (*Your Initials*)
2. Click on **Edit Profile**.
3. Select **Edit**
4. Select the desired **TimeZone**.



Click **Save** and you're all done! You have successfully updated your TimeZone on **this profile**.





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# Adding MBS Item Numbers - Hospital

**Adding or amending an MBS item in FYDO for the purpose of updating descriptions, adding facility specific cosmetic codes or removing items that are no longer needed.**

**The item numbers are updated in FYDO with each National Procedure Bandings Update.**

**Facilities will be responsible for updating the Theatre Band (State) according to their relevant contracts.**

1. Go to **Settings**
2. Select **Items** from the General menu
3.  **Add all MBS Codes** will update all items in your FYDO system according to the current National Procedure Bandings.
4. Use the **filters** to search specific categories or groups etc
5. Use the **Show Inactive** tick box to view any items that have been made inactive in the database
6. Use the **Export To** option to export the list that is shown on the screen to an Excel spreadsheet
7. Use the **Search** field to find a specific item number or key word to determine if the item is already in the system. *All items that include the searched information in the description will also appear*
8. If the required item number displays, **double click** anywhere on the line to open the information
9. If the required item number doesn't appear, and it needs to be added, click **Add Item**
10.  Add the item number, or desired code, into the **Number NB**. *This field will never be editable after it has been created & saved*
11. Add the description for the item into the **Procedure Name** (*The Number & Procedure Name fields are both mandatory fields that are required to add an item*)

12. The **Notes** field is available for any notes that may be required that relate to the item. It has no effect on how the item number is billed or displayed & can only be seen by navigating to this screen
13. **Linked Procedures** give the ability to add ICD procedure code base items to link to this item number. This can make coding the ICD procedures easier. (Hovering over the for the explanation of this field at any time)
14. **Category, Group & Sub Group** are fields that will pre-populate when a real MBS item number is added. FYDO will look up all these values, from the MBS Schedule, and import them. These values will be updated whenever a new MBS update is loaded & there is no need to edit these manually
15. **Item Type** is a field that can help categorise the item being entered. (*NB. These Item Types can be added by going to **Settings, Item Types** & clicking **Add Item Type***). This field allows the user to allocate items to a group (e.g., cardiology, consults etc) and to run reports on the items that are grouped together by the category
16. **Qty on Hand** can be used in conjunction with the item type
17. **Modal** is not required for hospitals (*this is a clinic related field*)
18. **Rule** is used to determine the rules to apply step downs etc for doctor billing
19. **100% Rebate** is to be ticked when the Medicare benefit is 100%, rather than 85% for in room services and is only applicable for doctor billing
20. **R-Type** is to be ticked if the item requires a referral. NB. This only relates to radiology/imaging items for doctor billing
21. **Stock Item** is not required for hospitals (*this is a clinic related field*)
22. **Ask Quantity** is not required for hospitals (*this is a clinic related field*)
23. Use the following to ensure the item is classified correctly, according to the relevant banding & accommodation types:
  - Theatre Band (National) - *will be updated by FYDO automatically*
  - Theatre Band (State)
  - Day Type - *will be updated by FYDO automatically*
  - Patient Class - *will be updated by FYDO automatically*
  - DVA Accommodation
24. Tick **Same Day Accom Band 1 Override** if the item number can only have a band 1 accommodation billed in conjunction with it, regardless of the anaesthetic type or length of procedure
25. Tick **Accom Item** if the item being entered is required to be billed as an accommodation fee, as per the health fund contract
26. Tick **Eclipse Code Mapping** if the code being entered requires mapping to be able to be sent via Eclipse for billing. E.g., COL1, PKG38 or D001
27. Tick **Item Excluded from PSG** to exclude the item from the IHC PSG/MSG segment when being sent via eclipse. E.g., for NIB endoscopy claims
28. Tick **Miscellaneous/ADA Code** if the item is required to show in the Miscellaneous code section for data submission, instead of in the MBS code section. Commonly used for dental codes
29. Tick **Timebase** if this item is required to be billed according to the time it takes. Ticking this box will alert the system to look in the Timebase Fees set up for the chargeable fee
30. Click **Save**
31. To **Deactivate** an item number, follow steps 1-4 above & click **Edit**
32. Un-tick the **Active** box & the word will change to **Inactive**
33. Click **Save**
34. To **Re-Activate** an item, simply tick the **Inactive** box again & click **Save**
35. To remove an item number all together click on the Blue Drop Down Arrow on the right of the screen (*as seen in the first image above*) and click **Delete item**

36. You will be asked to confirm that you want to delete the item. Click **Yes**

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## Resetting a Users Mobile Number

If a user needs to amend the mobile number, that is used for 2 step authentication, they can follow the instructions below.

Using the email option for 2 Step Authentication will allow you to received the code via email to be able to log in without the old mobile number. Once logged in you will be able to:



1. Hover over the **User** icon (*Your Initials*)
2. Select **Edit Profile**
3. Select **2 Step Authentication** tab
4. Click **Edit**
5. Select **Yes** to the question **Would you like to reset mobile?**
6. Click **Save**



The next time you log in you will be prompted to set a new mobile number.

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## Hospital Appointments Screen - Right Click Menu

Most functions available in the Appointments Screen can be accessed by selecting the required episode & using your mouse to right click. This menu can also be accessed with a single click on the appointment time which allows users on tablets to access the menu as well.



1. **Make an Appointment** allows users to add a booking
2. **Edit Episode** allows users to amend an existing booking
3. **Copy Appointment** allows users to copy an existing booking & paste it to another time or date
4. **Cut Appointment** allows users to move an existing booking & past it to another time or date
5. **Paste Appointment** allows users to place an appointment that they have previously copied or cut
6. **Episodes** gives a list of all episodes for that patient, along with financial information
7. **Arrived** gives users the ability to mark patients as arrived as they present to the facility
8. **Unarrived** gives users the ability to undo the above function if it has been performed

accidentally

9. **Excess/Deposit** is where a receipt for a patient payment can be generated
10. **Admit** is the page where the admission time & information is recorded
11. **Discharge** is the page where the discharge time & information is recorded
12. **Theatre** is the page where all the theatre information including times, item numbers, other services etc are recorded
13. **Coding** is the page that the relevant diagnosis & procedure codes are entered & where the episode can be grouped
14. **Inpatient** is where information regarding scheduled inpatient procedures, bed allocation & leave can be recorded
15. **Certificate** is where Type C, Type B, psychiatric etc certificates can be entered into FYDO to be transmitted electronically via ECLIPSE
16. **Clinical Indicators** is where certain indicators relating to the episode can be recorded. This feature allows for efficient collation of statistical data
17. **Confirmed** gives users the option to make appointments as confirmed
18. **Check List** allows users to mark off tasks easily & efficiently as they are complete e.g., OEC, IFC, Consent Form etc
19. **Send SMS** gives the user the option to send an SMS to the patient or to their pickup person
20. **Chart Labels** is where labels can be printed for the patient chart
21. **Wristband** is where a wristband label can be printed for the patient
22. **Delete Appointment** allows users to remove an appointment from the system. This option does not appear on any reports & is it is only suggested to use this option if the appointment was made in error. *(For all cancelled appointments use the Cancelled field in the appointment screen)*
23. **Document** is where all documents that have been generated in FYDO & have been scanned into FYDO are kept
24. **Create Letter** allows users to create letters in FYDO from preloaded templates
25. **Quick Form** allows users to print other forms that have been loaded into the database. For example, DVA Claim Forms or Discharge Summaries
26. **HC21 Left** will print the side of the HC21 form that the patient must sign
27. **HC21 Right** will print the side of the HC21 form that displays all the codes pertaining to the episode & the side that the Authorising Hospital Officer will need to sign for manual claims
28. **HC21 Back** will print the back of the HC21 form that is required for Certificates
29. **Create Invoice** is where users will go to invoice the episode
30. **IFC** is where users will go to generate an Informed Financial Consent for the episode
31. **OEC** is where users will go to perform an Online Eligibility Check for the patient for that admission
32. **EMR** will be displayed if the facility integrates with an external Electronic Medical Record system