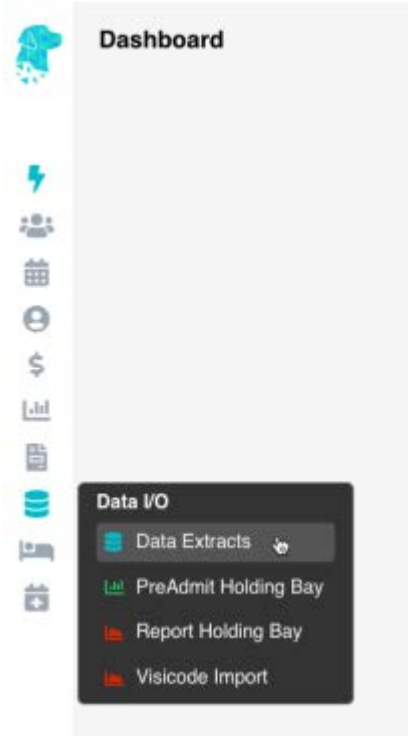
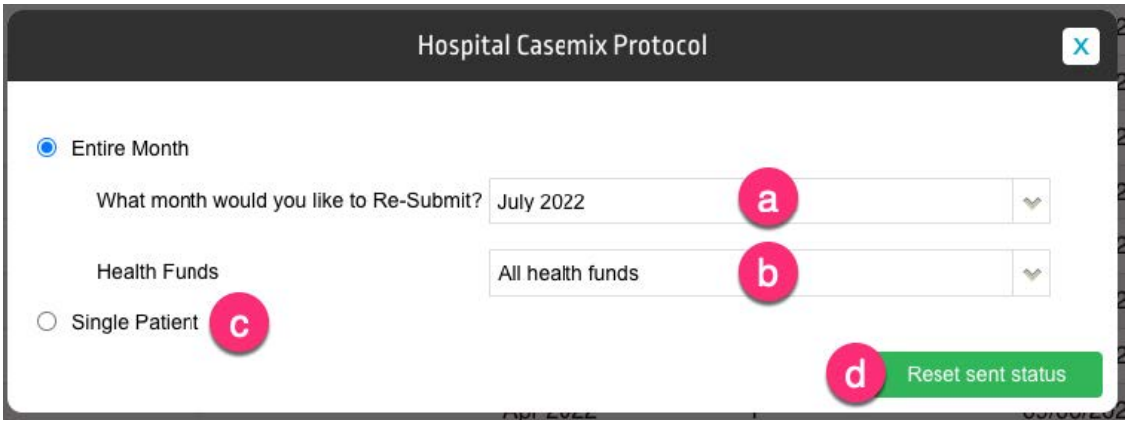
Re-Submitting a Hospital Data Extraction

Re-Exporting Reportable Data (PHDB/HCP/State specific)
If you are ever required to resubmit a Data Extract, following error corrections etc, there are 2 main steps to take. Those are to reset the sent status of the episodes *(instructions 1-7 below)* and then to re-generate the file.

1. Select **Data I/O** from the left-hand menu
2. Select **Data Extracts**



3. Ensure correct **location** is selected (*for facilities with multiple locations*)
4. Select the **month** you need to re-extract
5. Select the **type** of data you need to re-extract
6. Select **Resubmit Episodes**
7. In the pop-up box select:
    a. The **Month** you would like to re-submit.
    b. The specific **health fund** that you would like to re-submit
    c. Or select the **Single Patient** option if required (you will be prompted to search for the specific patient)
    d. Click **Reset sent status**



8. In the original Data Extract screen, ensure the correct month is still selected *(as per*

instruction number 4 above)

9. Click **Prepare Extract** and in the following screen click **Submit,** as you would when initially submitting the Data Extract
10. Your data files will be saved in FYDO & also in your **Download** folder, on your computer
11. If needed, you can re-download this file by using the down arrow ⬇ under the **Action** column with a normal mouse click (*not a Right Click*). Once uploaded or submitted via the relevant means there is no need to keep a copy of the file on your computer, as you can access & download again if required from FYDO
12. You can upload these files directly into the appropriate portal or send via the appropriate email address. (*Ensuring the file names do not contain any symbols as this may cause an error)*

FYDO Hospital Reports

This document gives a description of all FYDO reports & information obtainable from them. Reports can all be printed directly from FYDO or exported to PDF, Excel Spreadsheet or Raw Data (which is the most detailed option in collating data).
Reports also gives the option to **Star** ☆ your favourite reports. The reports that you have identified as your favourite, by clicking the star next to them, will be available on a Quick Menu that opens when you simply hover over the Reports tab in the main menu.

For the full list of reports the user will need to click once on the Reports icon.

Patient Reports

1. **End of Day Banking** – Gives the ability to re-print any End of Day Banking Reports that have been previously completed. *NB. To initially perform the End of Day Banking for the day go to Settings, End of Day Banking.* Users are also able to reset the banking from this report, if they have made an error when initially processing the End of Day Banking.
2. **Patient Stats –** Gives the ability to obtain extensive patient demographics data. Including:
    a. Medicare Eligibility Status
    b. Deceased Patients
    c. Archived Patients
    d. DVA Patients
    e. Indigenous Status
    f. Referral Expired
    g. Preferred Doctor
    h. Health Fund
    i. Gender
    j. Surveys
    k. Ability to stipulate birth date range
    l. Ability to stipulate created range
    m. Ability to stipulate post code range
3. **Possible Double Patients** – Provides a list of all patients that share similar information.

There are several options to base the report on, enabling easy identification of patients that have been entered into FYDO more than once.

4. **Recalls** – Gives the ability to send bulk recalls to patients. Options to sort by recall date, gender, postcode etc. are all available.

Financial Reports

1. **Trial Balance** – Shows a snapshot of the balances of all categories listed in FYDO for the date range selected.
2. **Invoice Export** – Enables an Excel spreadsheet to be created of all invoices raised for the selected date range and data type.

Hospital – Financial Reports

1. **Adjustments** – Shows a list of adjustments. Can be sorted by adjustment type, doctor & date range.
2. **Arrears** – Shows all invoices without a zero-dollar balance. It can be run by Doctor, Fund & Period that the account has been outstanding for (e.g., 30 days & over). It can be run as:
    a. **Detail** – Showing every patient & the balance
    b. **Summary** – Showing each health fund & the balance
    c. **Interactive** – Enabling follow up dates & notes to be accessible, to facilitate efficient workflow in debt recovery
    d. **Minimum Balance** – Allowing for a dollar value to be entered & report run to show accounts over that dollar value. *(Handy to exclude accounts with credits from the report)*
    e. **Show accounts requiring a refund only** – Enables the ability to see only the accounts that are in credit, once they have been invoiced, & require a possible refund
3. **Billing Status** – Details information on all episodes billed & unbilled. Reports can be run by doctor & date range & can be filtered to show:
    a. **Show all – inv summary** – Lists all patients that have been invoiced with a summary of charges
    b. **Show all – inv detail** – Lists all patients that have been invoiced, documenting each line of the invoiced charges separately
    c. **Show not billed only** – Is an interactive report that lists all episodes that have not been billed and allows the user to raise the invoice right from this screen! Showing details of the coding status & theatre complete status to assist with efficient workflow. Also providing a column for the Cancelled reason for users to decide if a charge needs to be raised for the episode. When 'Show not billed only' is selected, the user is given another option to **Don't show patients' billed $0** if that is required, and to **Exclude cancelled episodes** if they wish to.
    d. **Not billed in same period** – Shows invoices billed in the following accounting period
4. **Deleted Transaction** – Lists any transaction that has been deleted/voided from the selected period. Dates can be selected for deleted dates, accounting period or date of service.
5. **Doctors Totals** – gives a detailed view of revenue generated by each doctor. There is the ability to filter by doctor, or if all doctors are selected it will show a page per doctor. Clicking on the next page arrow > will show the next doctor in alphabetical order by surname.

6. **GST** Report – Allows users to obtain figures for GST on a Cash Basis or an Accrual Basis.
7. **Other Services Revenue** – Lists revenue from all other services that have been billed. E.g., prosthesis, surcharges etc. Report can be filtered by doctor, fund, theatre, type or patient category. Then there is the option to obtain data based on Accounting Period or Discharge Date for the date range selected.
8. **Payments** – Gives a list of all payments received in the selected date period either by Accounting Period, Audit Date or Date of Service. Filters are available by Doctor & payment type & data is able to be shown in formats such as Detailed, Summary, Audit date different to Accounting Period or Amount is negative.
9. **Revenue** – Retrieves revenue information by Accounting Period or Discharge Date. Can be displayed in Detail (shows revenue totals) or Summary (showing revenue generated by each category e.g., accommodation, theatre etc). Filters can be applied to show data for a particular doctor, fund, category, theatre etc. Information can then be grouped by various means also (Health fund, Indigenous Status, Postcode etc)
10. **Unbilled Revenue** – Generates a virtual invoice for all unbilled episodes, based on the item numbers entered in the theatre screen. Due to the nature of the information this report obtains, it can take a little longer to generate than other reports. It is designed to show all episodes that are not billing in real time. If the predicted item numbers are not entered in the Theatre Screen, at the time the report is run, it will be unable to calculate an accurate estimate of revenue for the episode. It will not look at dates that an invoice was billed if the "*As at Date*" is changed to a date prior to the current date, as it is designed to be a running tally.

Hospital Reports

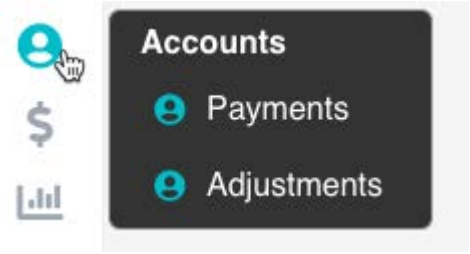
1. **Appointments** – Gives a list of all bookings, including those that are yet to be admitted.
2. **Bed Occupancy** – Gives an overview of bed occupancy for the selected month. Also giving total number of beds, days, bed days available, bed days occupied & the percentage of occupancy.
3. **Cancelled Episodes** – Lists all episodes that have been cancelled with their corresponding reason. It can be filtered by Cancelled Reason to obtain more specific data for the date range selected. Cancelled Reasons can also be customised (Settings > Cancelled Reasons) to assist facilities in collating the data they require.
4. **Clinical Indicators** – Shows all indicators entered & the number that have been answered Yes or No during the date range selected. It can be filtered by Doctor or Theatre & is available in Summary & Detailed. Once the Detailed option is selected there are other fields that display, to ensure the exact information required is obtainable.
5. **Episode Stats** – Allows for an extremely broad range of information to be obtained. There is the option to show the data in a Detailed or Summary format & can filter by a range of options. The report can be generated by Admission Date or Discharge Date. Some examples of information that can be generated from this report, for the selected period, are:
    a. **All episodes**
    b. Episodes for a particular **Health Fund**
    c. Episodes for a certain **Anaesthetist**
    d. Episodes for a certain **Anaesthetic Type**
    e. Episodes in a particular **Theatre**
    f. Episodes for a particular **Specialty**
    g. Episodes relating to a particular **Booking Code**
    h. Episodes for a particular **Sex**

        i. **Indigenous Status** or **ATSI** demographic report
        j. **Age Group** selection available
        k. **Item numbers**
        l. **Diagnosis codes**
        m. **Procedure codes**
        n. **DRG's**
        o. **Referring Doctor**
6. **Incomplete** – Gives the option to show episodes, for a selected date range, that have not been coded, have not been discharged, have not had clinical indicators entered, have not been grouped etc. It also shows the Cancelled reason to enable the user to determine if the episode requires further attention. The **Uncoded Episodes** and **Ungrouped Episodes** reports are both Interactive, meaning the coder can easily and efficiently code all episodes from one screen!
7. **Item Stats** – Gives item number information for primary and subsequent procedures.
8. **Length of Stay** – gives statistical data regarding the time a patient spends in certain areas of the facility. It can be filtered by several different ways & is able to give the following data for the date range selected:
    a. **Pre-operative**
        i. **Admission Time** to **Time in Theatre**
        ii. **Booking Time** to **Time in Theatre**
        iii. **Booking Time** to **Anaesthetic Start Time**
        iv. **Pre-Op Time** to **Time in Theatre**
        v. **Admission Time** to **Pre-Op Time**
        vi. **Admission Time** to **Pre-Op time** or **Anaesthetic Start Time** *if pre-op time isn't entered*
    b. **Intra-Operative**
        i. **Time in Theatre** to **Time out of Theatre**
        ii. **Procedure Start Time** to **Procedure Finish Time**
    c. **Post-Operative**
        i. **Time out of Theatre** to **Discharge Time**
    d. **Total**
        i. **Admission Time** to **Discharge Time**
        ii. **Admission Time** to **Ready for Discharge**
        iii. **Booking Time** to **Discharge Time**
        iv. **Booking Time** to **Ready for Discharge**
    e. **Comparison**
        i. **Planned Time in Theatre** with **Actual Time in Theatre**
        ii. **Booking Length** with **Actual Minutes in Theatre**
9. **Midnight Census** – will show patients that were admitted, but not yet discharged at the "As At" date selected.
10. **Monthly Patient Activity** – Gives an overview of all admissions, broken down into each day of the month. Giving the number of Total Patient Days, resulting in percentage averages for bed occupancy.
11. **Other Services** – Gives a list of all the other services that have been entered into the episodes. It can be filtered by suppliers for any given date range.
12. **Patient Statistical Data for NSW Health** – assists New South Wales hospitals with submitting their statistical data with ease.
13. **Theatre Rosters** – shows all booked theatre sessions & all cancelled theatre sessions grouped by surgeon or theatre. Also shows theatre utilisation minutes and percentages.

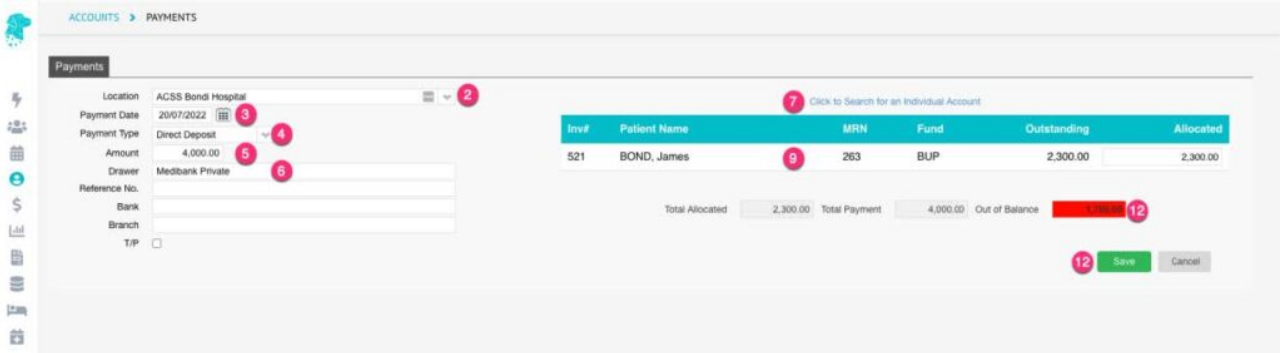
Receipting a Manually Received Hospital Remittance

If a remittance is received in paper form, or any form other than eclipse. These steps are also to be followed when an uninsured patient makes an additional payment towards an invoice that has already been raised.

1. Hover over the **Accounts** icon in the main menu & select **Payments**



2. Select the **Location** (*for a multi-location database, single location systems will automatically populate*)
3. The **Payment Date** will automatically be set to the current date. Depending on access levels you may be able to back date if required
4. Select the **Payment Type**
5. Enter the total **Amount** of the payment being receipted
6. Type the name of the company that the payment is being received from in the **Drawer** field
7. Click on **Click to Search for an individual Account** to display the Patient Lookup box to search for a patient name, MRN, DOB, Invoice Number etc
8. Double click on the patient or episode or invoice that you wish to apply the payment towards
9. The account will display on the screen with the **Outstanding** amount & the **Allocated** amount
10. If the Allocated amount is different than the system has pre-populated, you can simply click in the field & over-ride the price.
11. Repeat steps 7 >10 for subsequent invoices included in that payment
12. You will be unable to allocate the payment until the Total Amount & the Allocated Amounts match
13. Once the **Out of Balance** field is zero you can click **Save**



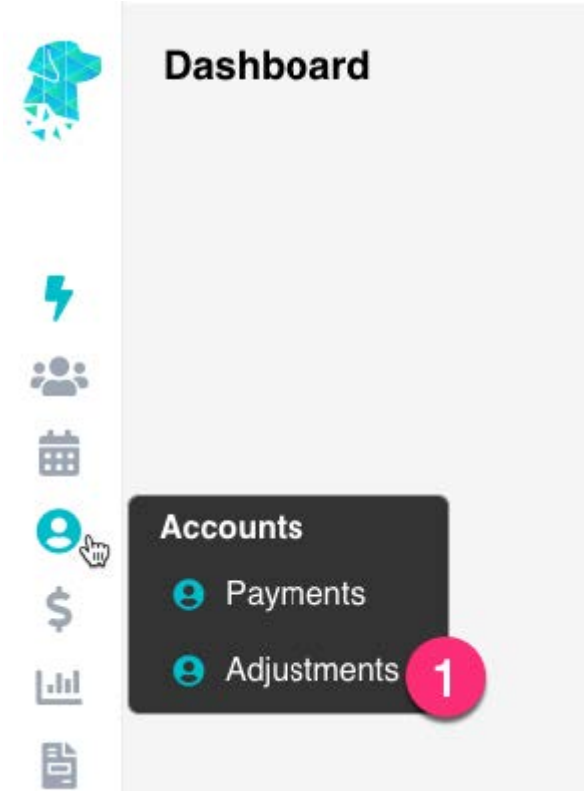
14. If there is a discrepancy between the **Outstanding** amount & the **Allocated** amount you will be prompted to print out a report showing the **Outstanding Balances**. Click **Yes** to enable these amounts to be chased up

---

Refund Journal via the Adjustments Screen (Hospital)

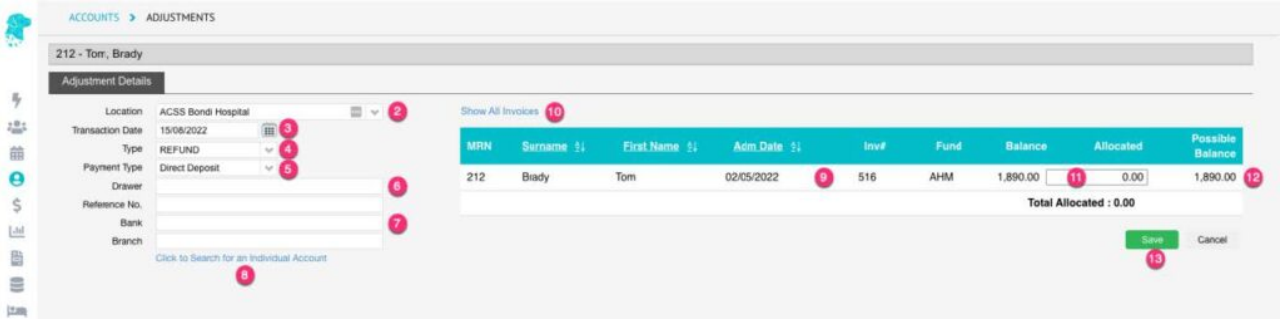
If a patient or health fund is required to be refunded the system will reflect this transaction by following these steps.

1. Go to **Accounts** in the main menu & select **Adjustments**



2. For multi-location systems, use the drop down to select the relevant **Location**
3. Enter the required **Transaction Date** if it differs from the current date
4. Use the **Type** dropdown to select **Refund**
5. Once Refund is selected for the Type, the **Payment Type** field will be displayed so the method of the transaction can be documented
6. Type the required information in the **Drawer** field
7. Use the **Reference No.**, **Bank** & **Branch** fields, if the facility work instructions require, to document additional information regarding a bank cheque etc

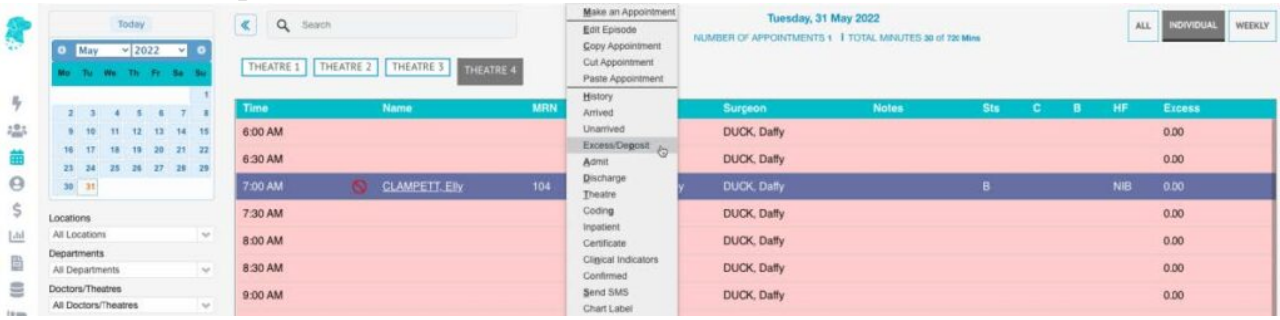
8. Click "**Click to Search for an individual Account**" and the search box will be displayed to find the required patient
9. Once a patient is selected, the invoices with an outstanding amount will be displayed
10. Use the **Show All Invoices** option to display invoices that don't currently have an outstanding balance
11. Type the amount to be refunded in the **Allocated** column
12. Once you have moved from the Allocated field the system will show you the **Possible Balance** of the invoice, following the adjustment
13. Once all details have been confirmed & are correct click **Save**



Receipt a Patient Payment (Hospital)

Receipting a patient payment on admission e.g., Excess payment, payment of account etc

1. Select required patient & **Right-Click** to expand menu
2. Select **Excess/Deposit**



3. Complete required information
4. **Deposit type**
    a. **Fund Excess** for all excess payments or payments that are required to be applied to a health fund invoice
    b. **Patient Account Deposit** for all payments to go towards an uninsured invoice
5. **Transaction Date** will automatically populate with the current date
6. Select payment **Type** e.g., EFTPOS, Cash, Cheque etc
7. Enter the **Amount** that has been paid
8. Select the **Payment Description** relative to the payment being made. *NB. These descriptions are fully customisable & can be amended to suit the facility. This can be done in **Settings > Deposit Types***
9. Complete **Drawer, Reference, Bank & Branch** when payment is made via **Cheque**

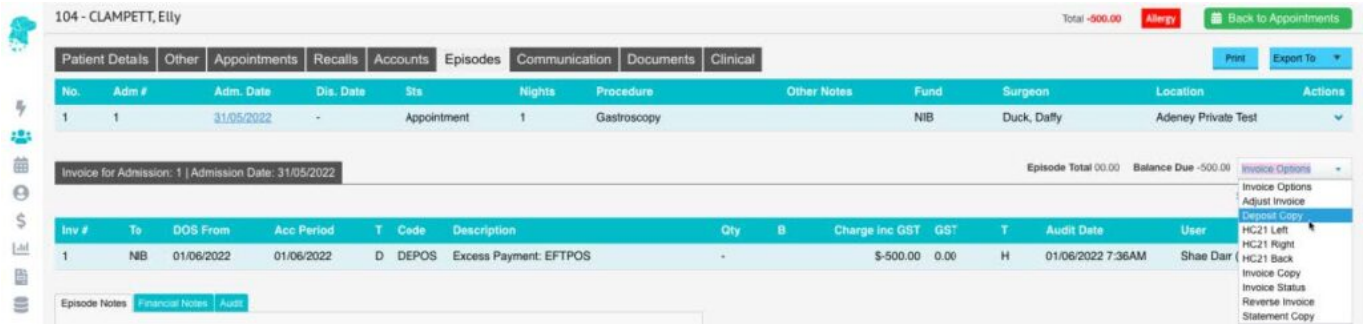
10. Select **Save** or **Save & Print** to produce a printed copy of the receipt

Both Fund Excess & Patient Account Deposit receipts can be processes simultaneously to save the user following the above process twice.

These transactions can be found by selecting the required patient & using the **Right-Click** to display the menu and selecting **History**.

Select the required episode date from the list at the top of the screen.

The receipt can then be re-printed by using the **Invoice Options** on the right of the **History** screen & selecting **Deposit Copy**.



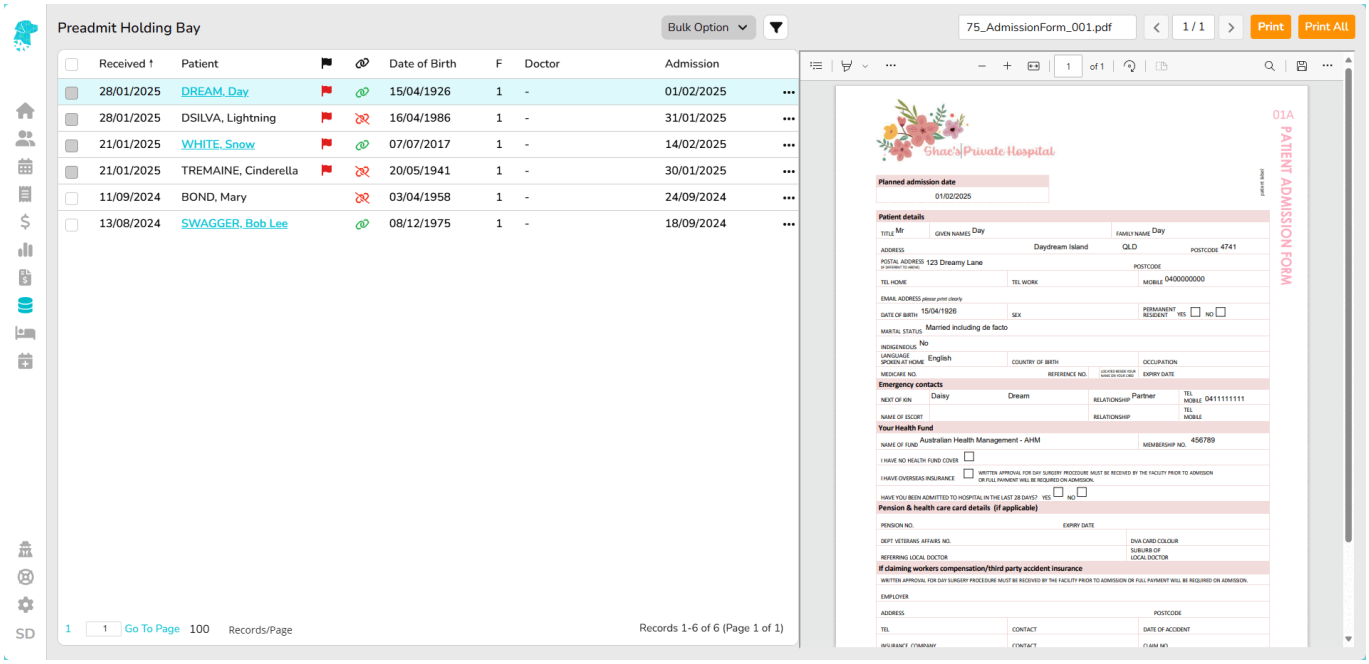
Online Pre-Admission Paperwork

Receiving admission forms that have been submitted online through the patient portal

1. Select **Data I/O** and then **PreAdmit Holding Bay** from the main menu.
2. The list of submitted forms is shown on the **LEFT** and a preview of the admission form on the **RIGHT**.
3. For patients that are **Not Linked**, click on the 3 dots and select **Link Patient**. If there is no matching patient select **"Create New Patient"**
4. Print or download the paperwork using the icons, **Print** or **Print All**, in the top right corner of the preview screen. **Print** will just print the form that is being previewed. **Print All** will print any additional forms that the patient has attached also.
5. The 3 dots can also be used to **Commit** the document to the patients record.
6. Documents can also be **Committed in Bulk** by selecting all the entries using the check boxes on the left.
7. Using the **Select Bulk Option** dropdown box select **Bulk Commit**.
8. If committing forms individually, you're given the option to assign the form to a **particular episode.** A pop up will give the option to **Link to Episode** with a drop down to choose the particular episode.
9. You can also choose to update the **Admission Form Received** checkbox on the Edit Appointment Screen while committing the form as well.
10. You are also given the option to update **Health Fund Details** for the particular episode if the PreAdmit form has different details than what is listed in FYDO.

11. These forms will now be saved in the corresponding patients **Documents**.
12. If you would like to attach the documents to the patients record, but NOT automatically update the patient record, then UNTICK the "**Update Patient Record**" checkbox before committing.
13. If you have committed a patient, but cannot remember who they were, go to the **Settings** and select **Logs**. This will give a list of who has been committed.

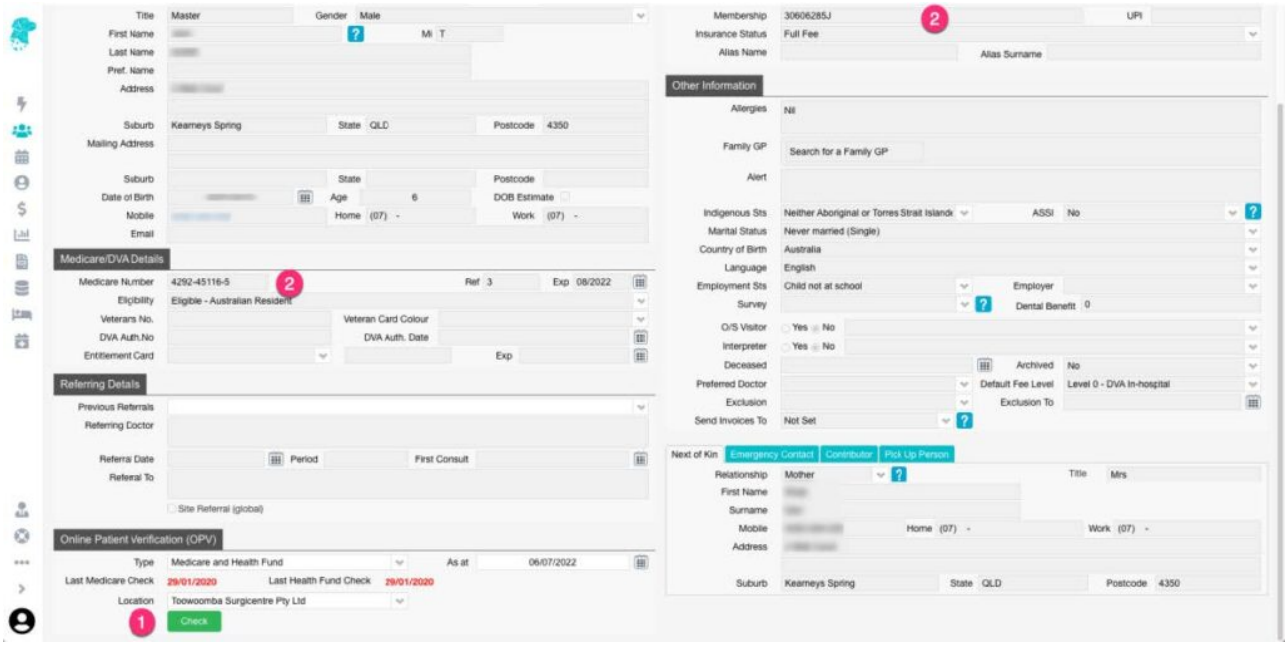
All new **Patient Alerts** can now also be viewed from the **Preadmit Holding Bay!** Simply click the flag icon:



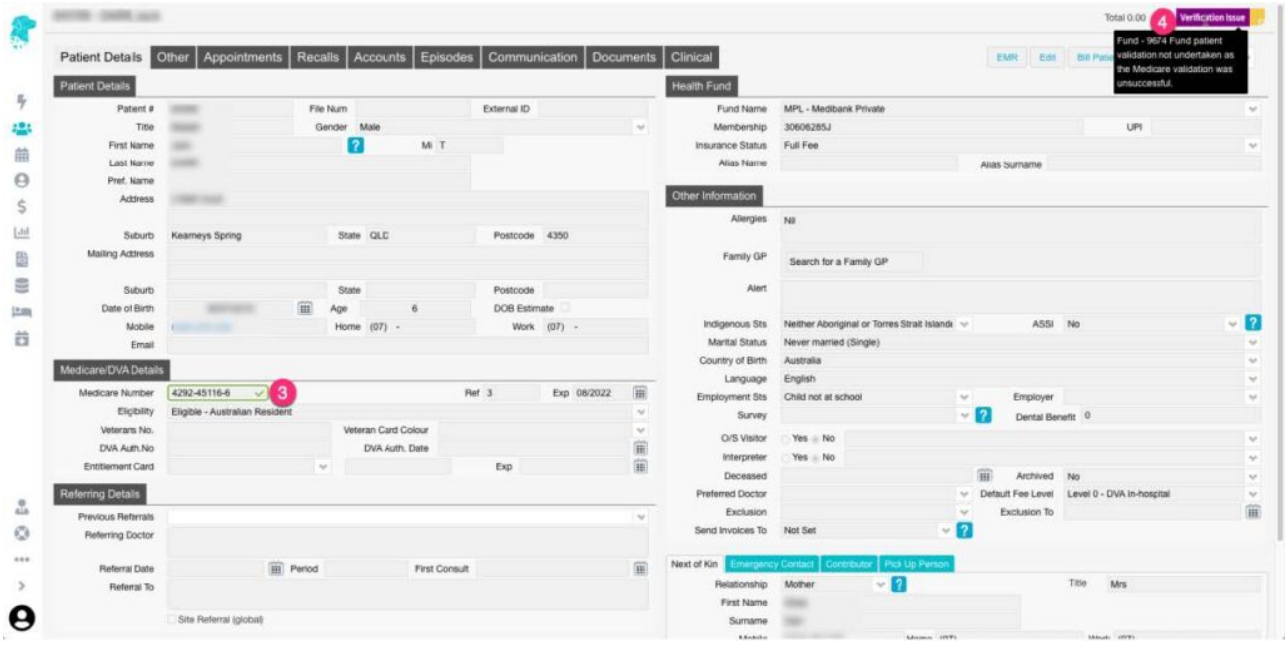
Online Patient Verification – OPV (Hospital)

Performing an Online Patient Verification check with Medicare & with the health fund helps to ensure the correct patient information is entered into the system & that the Online Eligibility Check (OEC) will be successfully transmitted

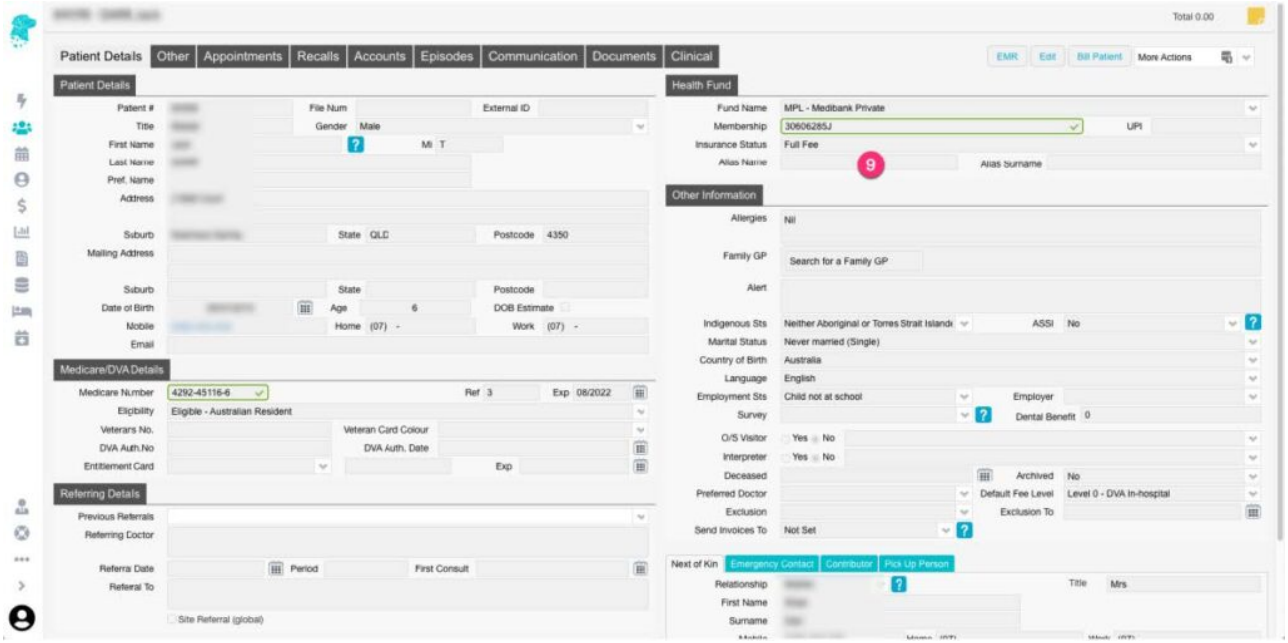
1. OPV checks can be performed from the patient information screen, down the bottom left corner, by clicking **Check**
2. Before the OPV is successful the Medicare Number field & the Health Fund Number field will appear the same as all other fields



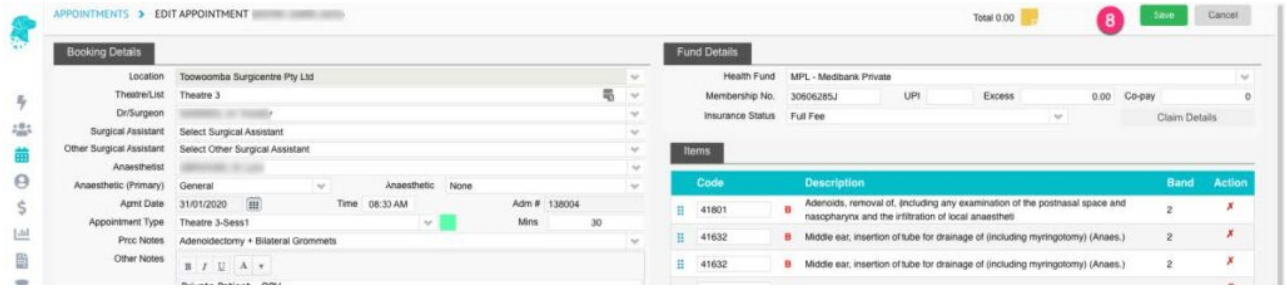
3. Once the information has been successfully verified it will appear with a **green border & tick**, to indicate the information matches the records held by Medicare or the Health Fund
4. If the information isn't able to be verified a visual alert will be displayed, in the top right corner, stating **Verification Issue**
5. Hover over this icon to display a reason for the unsuccessful verification
6. If the reason is as shown, in the below image, the fund wasn't able to be verified as the system was returning the Medicare information. Simply click **Check** again to check the health fund details



7. Once both Medicare & Health fund information has been successfully checked the **Green Border & Tick** will be displayed with both numbers



8. The OPV will automatically be performed when making a patient booking. As long as the relevant patient information is available, the check will run once you click **Save**, after completing the **Appointment Screen**

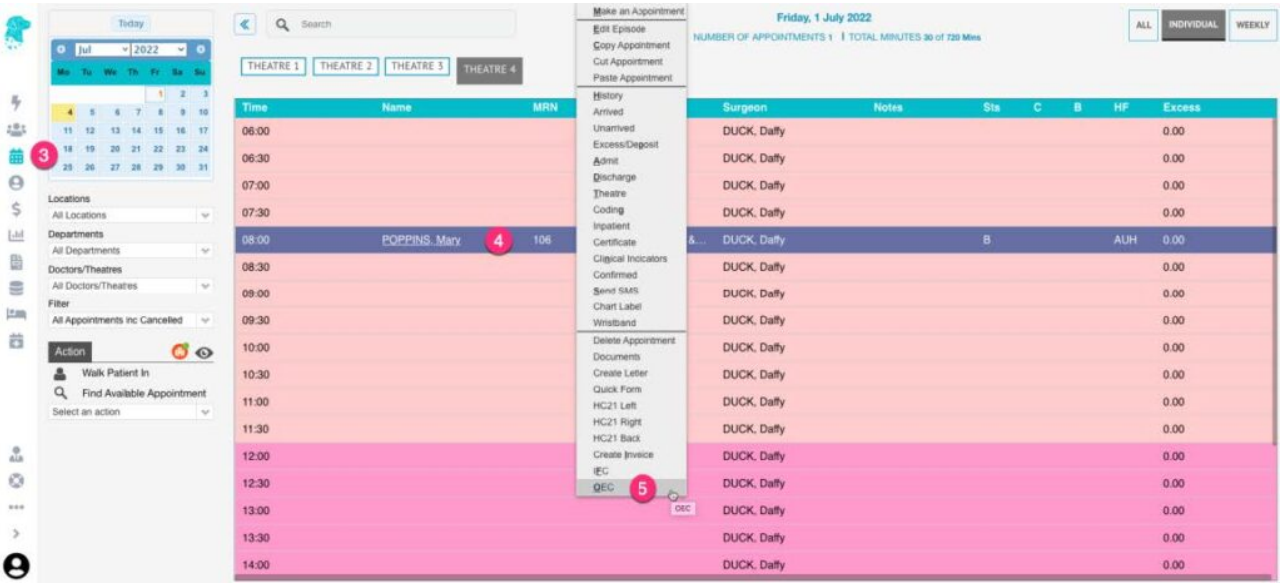


9. If the patients' name varies from Medicare to the Health fund, utilise the **Alias Name** field under the **Health Fund** section (*as shown in image above*). In order to successfully verify the details in this instance:
    a. Enter the patients name, as it is shown on the **Medicare Card**, in the **Patient Details** section as the patients real name
    b. Enter the patients name, as it is show on the **Health Fund Card**, in the **Alias Name** field
    c. Run **Check** again
10. In some instances, the OPV will be able to identify the patient, even if the details are slightly incorrect. If this happens the **Verification Issue** icon will become visible & you will be able to hover over it for information regarding the check. Some examples of this would be:
    a. Updating the last digit of the Medicare Card. E.g. From 5 to 6
    b. Updating the Medicare Reference Number. E.g. From 1 to 4
    c. Updating the patients' first name. E.g. From Sam to SAMUEL

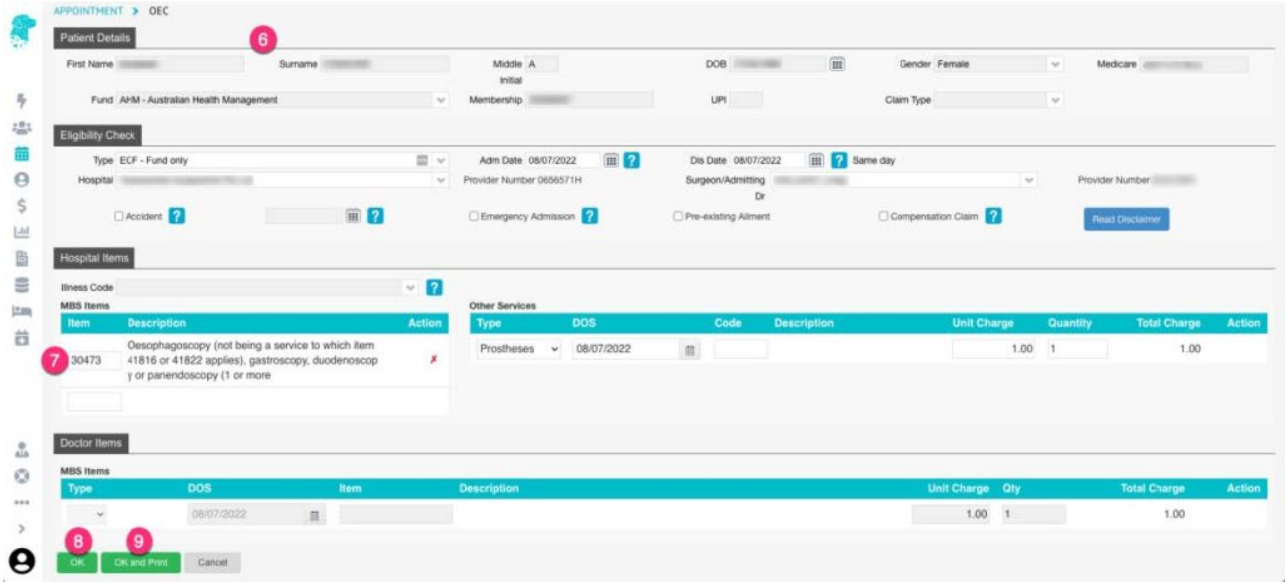
Online Eligibility Check – OEC (Hospital)

Performing an eligibility check with the patients' health fund to ensure they will be covered for their admission

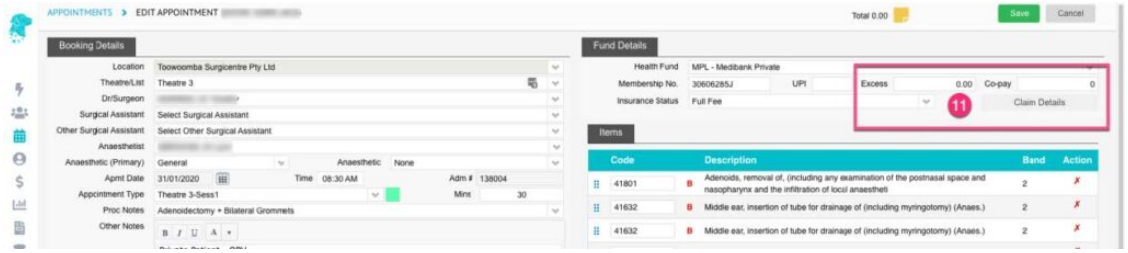
1. Running an OEC from a booking ensures that all the episode information is carried into the OEC (*see "Making a Patient Booking" instructions to make an appointment*). OEC's can be done from the patient screen, however this will require more information to be entered & the excess & co-payment will not pre-populate as the OEC isn't linked to a particular episode.
2. It is also advised that the Online Patient Verification (OPV) be performed before the OEC (*see "OPV" instructions*)
3. Navigate to the Appointments screen and locate the patient you wish to perform the eligibility check for
4. Right click on the patient to expand the menu
5. Select **OEC**



6. The OEC screen will open & the patient & appointment details will be populated with the information already entered into the system
7. If you have entered the predicted item numbers, when booking the patient, they will be carried over into the OEC screen & you will not need to enter them again
8. Click **OK** and a check will be performed on each item number that is entered. The check will be saved in the patient's **Documents**, when it is returned by the health fund, where it can be previewed & printed if required
9. Click **OK and Print** to have the health fund check appear on the screen to preview straight away & print if required. (*NB this function will only work if the health fund returns the information in a timely manner. Otherwise, it will be filed in the patients' Documents when it is returned*)



10. Information returned will include:
    a. Patient Information
    b. Assessment & Explanation
    c. Admission details as entered to perform check
    d. Financial Status of the cover
    e. Pre-Existing status of the cover
    f. Illness code/Item number that check was performed for
    g. Excess amount
    h. Co-Payment amount
    i. Level of cover name
    j. Level of cover description
    k. Benefit limitations
    l. Exclusions
11. Excess amount & Co-Payment amount will automatically populate in the patient appointment, as long as it has been returned in the correct format from the health fund. If the information hasn't automatically populated, & needs to be manually entered, this can be done by:
    a. *Selecting the required booking*
    b. *Right click & select Edit Episode*
    c. *Fill in the required amounts in the Excess & Co-Pay fields in the top right of the screen*
    d. *Click* ***Save***



12. Carefully read all information returned by the fund to determine eligibility for admission. Including descriptions, benefit limitations & exclusions

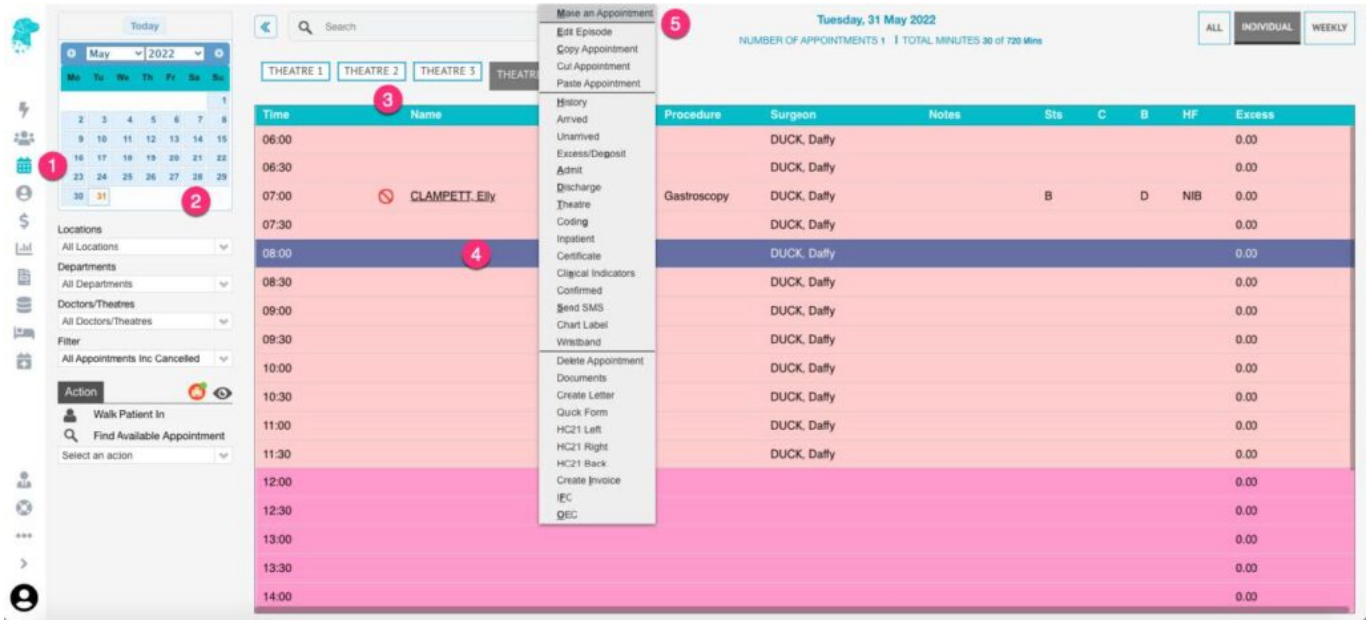
Move a Patient Appointment Time (Hospital)

If a patients admission time changes, there are numerous ways to amend. Any one of the below options will work (you do not have to do ALL of these options in order)

1. Select the patient, **click, hold & drag** their booking to the new admission time
2. **Right-Click** and select **Edit Episode**. Type the new appointment time in the **Time** field & click **Save**
3. **Right-Click** and select **Cut Appointment**. Click on the new appointment time, **Right-Click** and select **Paste Appointment**
4. To copy a booking select the appropriate booking, **Right-Click** and select **Copy Appointment**. Select the desired appointment date & time for the duplicate, **Right-Click** and select **Paste Appointment**

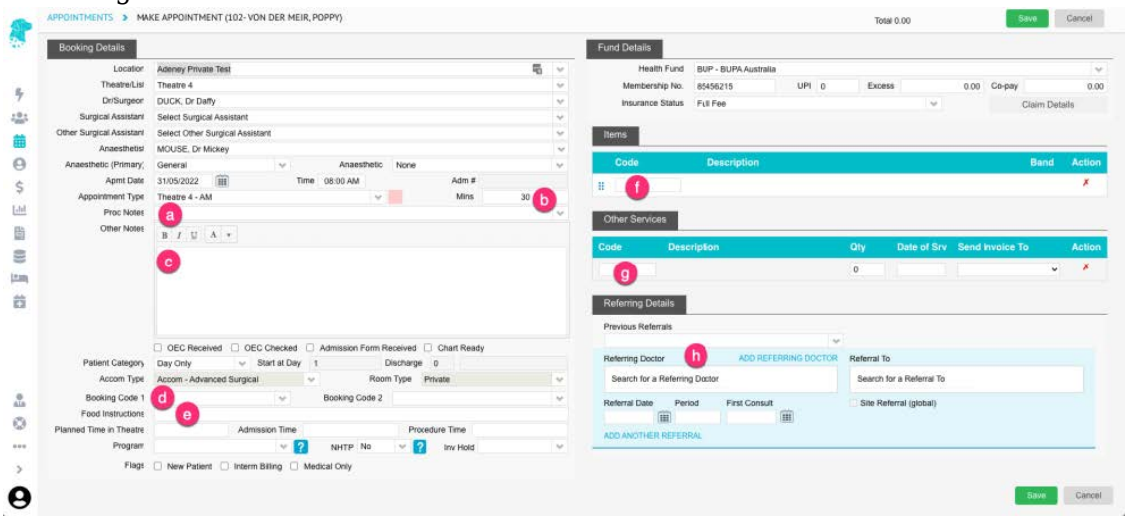
Making a Patient Hospital Booking

After creating a Theatre Roster patients can be booked.



1. Select **Appointments** from the main menu

2. Select **Date** that the booking is required to be made
3. Select **Theatre** where booking will be made
4. Select **Time** the booking will be made. Then **Right-Click** on this time slot to display options
5. Select **Make an Appointment** from the menu
6. The **Patient Lookup** screen will be displayed to search for the required patient
7. Select a patient from the list displayed, or click **Create New Patient** if the patient isn't shown
8. If **Create New Patient** was selected, input all known data & click Save
9. If a patient was selected in Step 7 (or after the new patient details have been saved) the **Make Appointment** screen will automatically open
10. Information relating to the theatre, surgeon, anaesthetist, appointment time etc will pre-populate if they have already been entered into the system
11. Add information required **according to your facility work instructions**. For example:
    a. Procedure Notes
    b. Length of Booking
    c. Other Notes
    d. Booking Code 1
    e. Food Instructions
    f. Item Numbers
    g. Other Services Codes
    h. Referring Doctor



12. Click **Save**