How to Find Your Minor ID

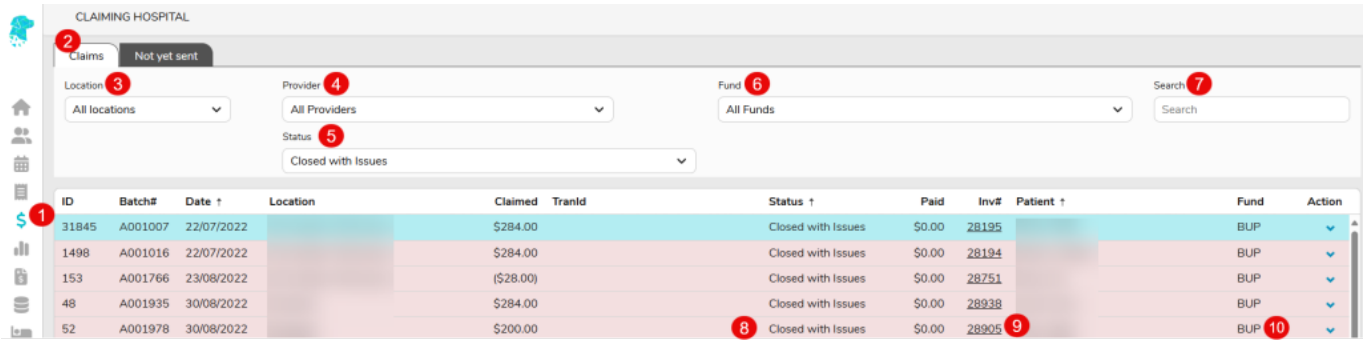
The minor ID, also referred to as the Location ID, will sometimes be required by Medicare. It is the same as your ADV client number. Here's how to find it in FYDO:

1. Hover over the **Support** icon
2. Your **Minor ID** will be displayed in the heading



Claiming Hospital – Claims

Claiming Hospital is used to transmit the invoiced episodes to the health funds via ECLIPSE. It consists of 2 tabs, Claims & Not Yet Sent.
These instructions will cover the Claims Tab.
For information regarding the Not Yet Sent Tab see our instructions Claiming Hospital – Not Yet Sent



1. The **Claiming Hospital** section can be opened by hovering over the $ and selecting **Claiming Hospital.**
2. This will open to display the **Claims** tab which is where all the claims that have been transmitted to the health fund are displayed. It will open to show all outstanding claims. Claims that fall under the category of **Receipted** or **Payment Received** are not displayed by default when the page is open. *(These categories will be touched on later in the instructions)*
3. For multi-location systems, use the **Location** dropdown to select the desired location
4. The **Provider** dropdown gives the option to select a certain doctor/surgeon
5. The **Status** dropdown allows the ability to display the claims according to their current status. *(This status refers to the ability of the claim to be sent to the health fund. It is not a response from the health fund. The responses will be covered in the instructions **Processing & Payment Reports**)*
   a. Open
   b. Closed
   c. Closed with Issues – There was a problem sending the claim
   d. Ready
   e. Queued – The claim is waiting to be sent to the fund
   f. Sent (white) – Has been sent to the fund less than 2 weeks ago or the fund has responded
   h. Sent (red) – Has been sent to the fund, but no response has been received for 2 weeks
   i. Processed – The fund has processed the claim
   j. Payment Received – The payment has been received
   k. Receipted – The payment has been received & applied
   l. Rejected – The claim hasn't been received/accepted by the fund
6. The **Fund** dropdown allows filtering to a particular health fund
7. The **Search** field gives the ability to search any information e.g., batch number, invoice number, patient name, amount claimed or paid etc
8. Hovering over the words **Closed with Issues** or **Rejected** will display a pop up that will give more information as to why the claim wasn't successfully transmitted
9. Clicking on the **Invoice Number** will open a new tab & display the health fund response, if it has been received, in the **Processing IHC** screen. Information on this tab will be covered in the **Processing & Payment Reports** instructions
10. The **blue arrow** ⌄ on the right of the screen, & also the **Right Click** feature, gives the option to go to the patient **History** screen, if you need to view the episode details. The **Right Click**

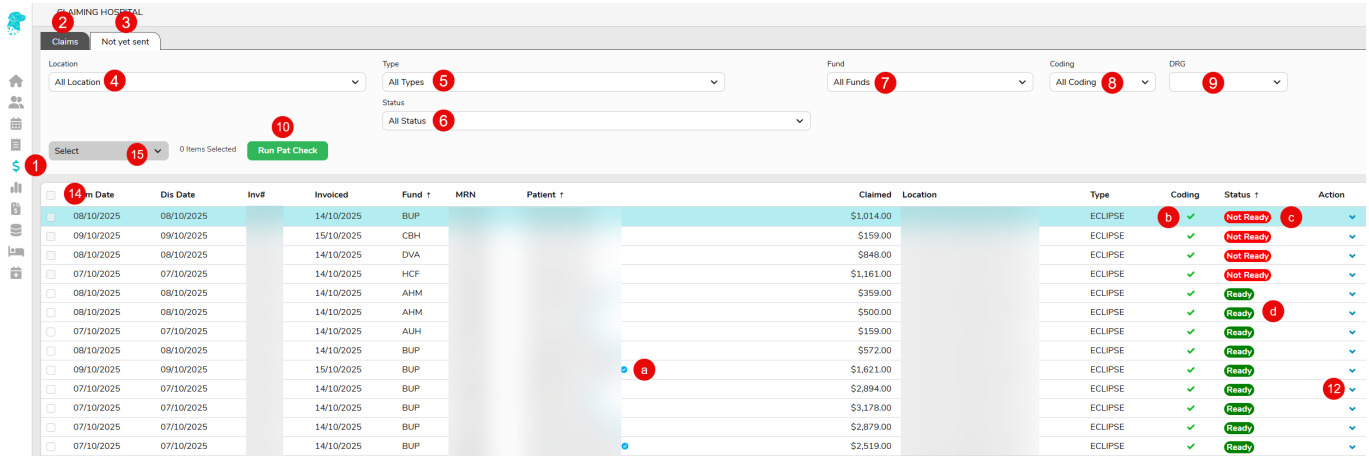
function also allows the user to **Remove Batch**. However, this would only be utilised if the health fund has confirmed that it didn't transmit successfully & they will not be making payment towards it. The batch is what allows the system to link this claim to the invoice number. Therefore, if a batch is removed prematurely, the associated invoice number will not display on the Electronic Remittance Advice when it is received from the fund. This makes it very difficult, & a lot more time consuming, to receipt a remittance so we do not advise to remove sent batches without liaising with the health fund first.

11. As mentioned earlier, the Claims screen displays all claims **Except Receipted & Payment Received** when opening. Therefore, as soon as a payment has been processed in the system the claim will disappear from this screen by default. This allows users to easily identify claims that are still outstanding. Claims with the status of Payment Received or Receipted can always be vied by using the **Status** dropdown mentioned in #5 above

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Claiming Hospital – Not Yet Sent

Claiming Hospital is used to transmit the invoiced episodes to the health funds via ECLIPSE. It consists of 2 tabs, Claims & Not Yet Sent.
These instructions will cover the Not Yet Sent Tab.
For information regarding the Claims Tab see our instructions on Claiming Hospital - Claims



1. The **Claiming Hospital** section can be opened by hovering over the $ and selecting **Claiming Hospital**
2. This will open to display the **Claims** Tab. *(Click on this link to view the Claiming Hospital – Claims instructions)*
3. The **Not yet sent** tab displays all claims that have been invoiced & will include claims that can be sent via ECLIPSE & also Paperbase claims that need to be sent manually
4. For multi-location databases, use the **Location** dropdown to select the desired facility
5. Use the **Type** dropdown to select **Eclipse** or **Paperbase** claims
6. Use the **Status** dropdown to display, or omit, claims that are **Ready, Not Ready** or **On Hold**
7. Use the **Fund** dropdown to display, or omit, certain funds
8. Use the **Coding** dropdown to display, or omit, claims that are **Completed** or **Pending** coding

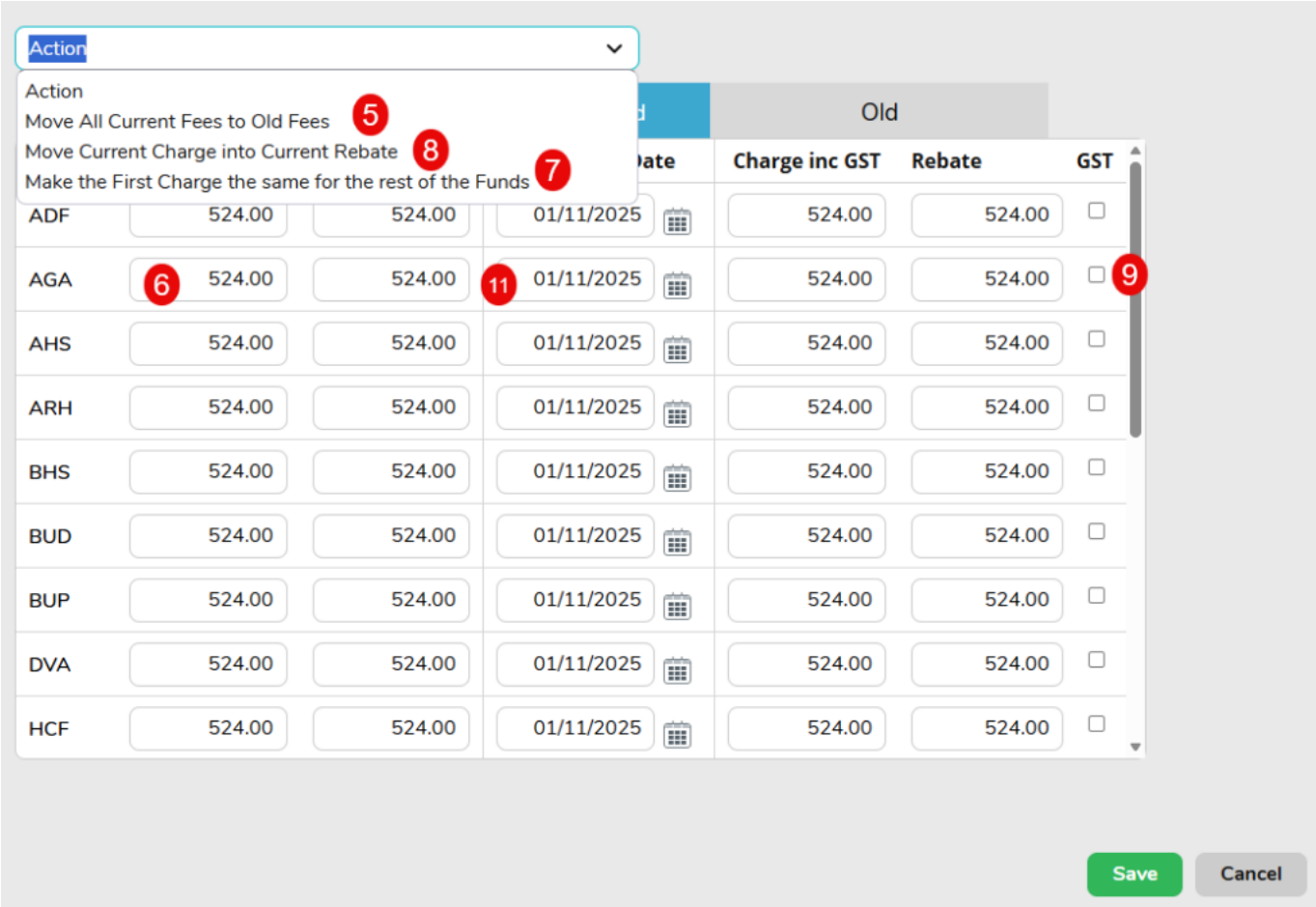
9. Use the **DRG** dropdown to show claims **with a DRG** or with an **Empty DRG.** Using the Empty DRG option will identify claims that still require to be grouped
10. Use the **Run Pat Check** button to run an **OPV Check** for all the patients on the list. This function will only work if the patients' Medicare card & health fund cards are entered correctly. Sometimes this may need to be run twice as the Medicare card might be updated the first time, therefore running it a second time will enable the system to check the fund details
11. For a claim to be ready to be sent it requires:
    a. A blue tick to confirm the **OPV** check has been successfully performed
    b. A green tick to confirm that the **coding** has been completed
    c. Not Ready If it is still showing as **Not Ready** it will need to be grouped, in the coding screen
    d. Ready Once it is showing as **Ready** it is able to be transmitted via eclipse
12. Use the **Blue** Arrow, or select the claim *(so that it is purple)* and **Right Click** to display a menu that allows you to navigate to: – The **Coding** Screen to check coding & grouper
    – The Patient **History** Screen to view the invoice details
    – The **Patient** Record Screen to complete the OPV check
    This feature assists in getting the claims ready to transmit via eclipse
13. When an ECLIPSE claim is ready to be sent another option will be available in the menu called **Send Invoice via ECLIPSE** which will then send the invoice to the fund
14. Once all claims are ready to be sent *(or filters have been applied to only show Ready ECLIPSE claims)* the select all function will be available to select & send multiple claims at once
15. After all desired claims have been selected, use the **Select** dropdown to **Send selected via ECLIPSE**
16. The claims will then be transmitted to the fund & will display on the **Claims** tab with their status. It is a great idea to check the Claims Tab straight away to make sure claims have been successfully transmitted
17. **Paperbase** claims will also appear on the **Not yet sent** Tab. This is to remind the user to send the claim away manually.
18. Paperbase claims will require the coding to be done & the episode to be grouped before it will show as **Ready**
19. Once it is ready, the blue arrow on the right, or the right-click function, will display the option to **Mark as Sent.** Using this function, only after the invoice has been manually sent, is a great way to ensure no claims are missed. Once the claim is marked as sent it will no longer display on the Not yet sent tab. There will also be an audit in the Patient Episode Screen to state who marked the claim as sent & when.

Adding Fees to Other Services Codes (Hospital)

These instructions will assist users in adding or amending the fees associated with Other Service Codes / Prosthesis

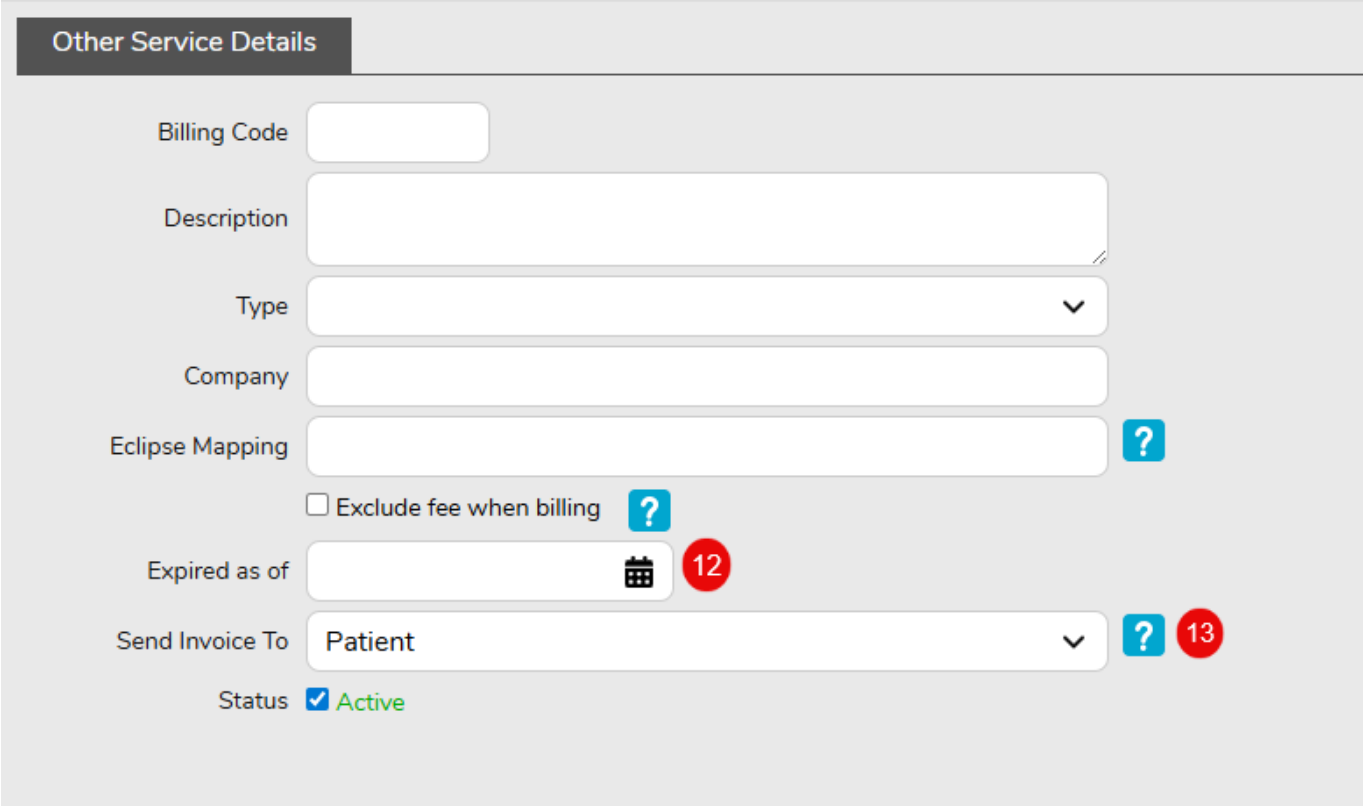
Codes.
Prostheses list updates will be automatically loaded into FYDO and any new items will be added with all new fees will be imported. However descriptions will not be updated, as some facilities prefer their own descriptions & do not what them overridden.
After following the instructions for Adding Other Services Codes the user will be able to add the correlating fees by following the steps below.

1. Go to **Settings**
2. Scroll down to **Hospital > Fees Management** & select **Other Services**
3. Use the **Search** field to find the desired code / other service
4. Double click on the item to display the information that has been entered, along with the table to enter the **relevant fees**



5. If replacing fees that have already been entered, use the **Action** dropdown & select **Move all Current Fees to Old Fees.** This will copy the Current fees to the Old fees to allow the new fees to be entered, without losing the previous fee schedule or needing to type them in again
6. **If the cost of the item will be the same for each health fund**, enter the charge for the first fund under the **Charge inc GST** column
7. Then use the **Action** dropdown & select **Make the First Charge the same for the rest of the Funds.** This will replicate the fee added for the rest of the funds
8. Then use the **Action** dropdown & select **Move Current Charge into Current Rebate.** This will replicate all the Charge inc GST fees in the **Rebate** column. *You may then need to **remove** some of the fees listed in the Rebate column (or override them to $0) if the 'fund' doesn't attract a rebate (e.g., Uninsured)*
9. Use the **GST** tick box column if the fee entered is **inclusive of GST**

10. **If the cost of the item is for a particular 'fund'** (e.g., a gap fee for an uninsured patient), add the fee to the desired fund, instead of following the above steps to add to all funds
11. Lastly enter the **Threshold Date** (start date)
12. If an Other Service item can no longer be used for billing/claiming, you can allocate an **Expiry Date**
13. If the item should always be billed to the patient, you can set this as the default by selecting **Patient** in the **Send Invoice To** dropdown.



5. Once all desired information has been entered click **SAVE**

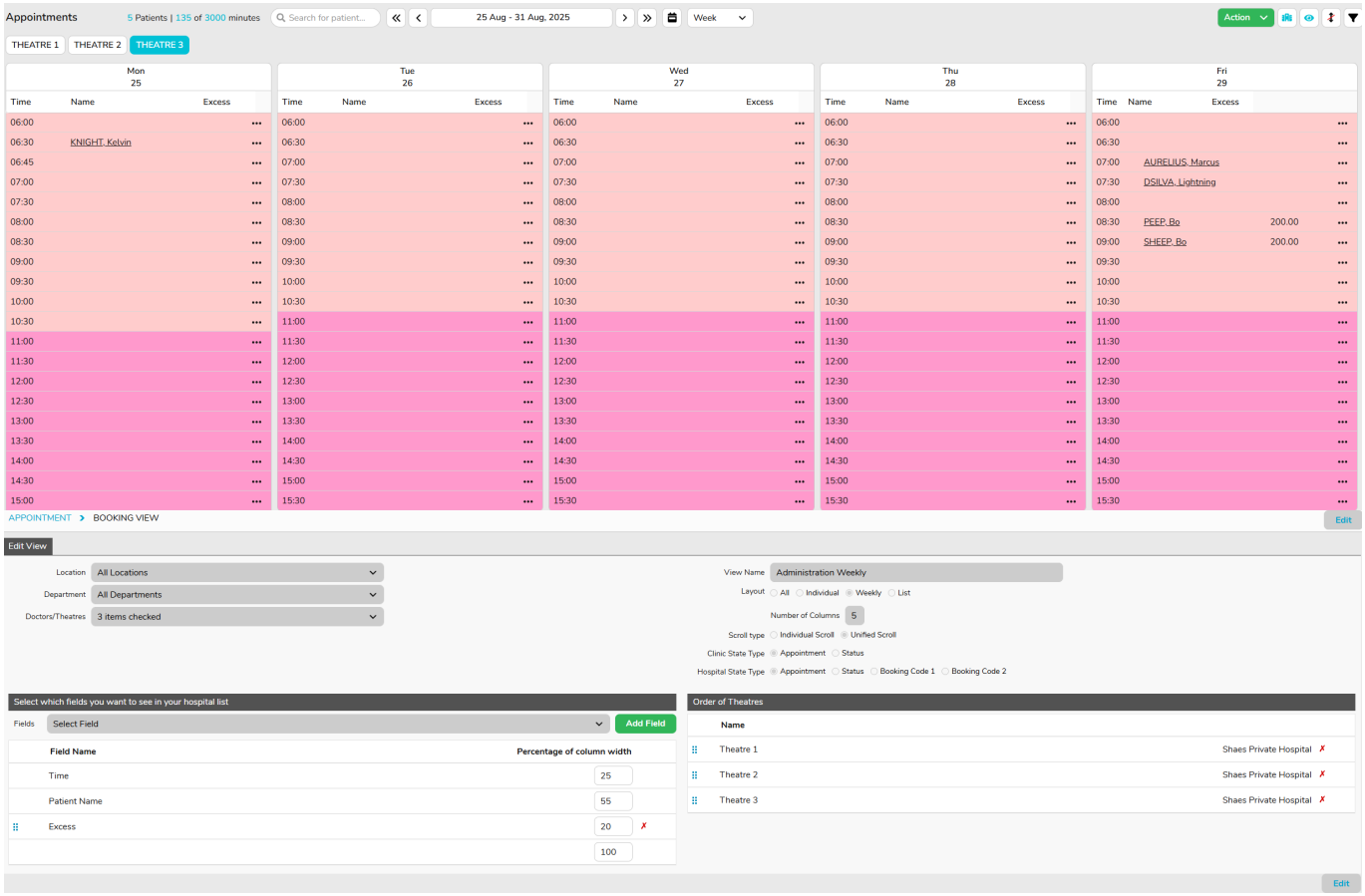
Hospital Appointment Screen Custom Views – Weekly View

FYDO gives users the ability to customise the Appointments Screen to allow them to view the information that is important to their role. This assists in workflow & efficiency & allows users to view different information depending on the task that they are undertaking.
All custom views that are created for each facility are available to all users. Each user is then able to select their favourite view to open as their default. These instructions will provide ideas for different views & the set up required to accomplish them. For further details on how to create custom views please see the page

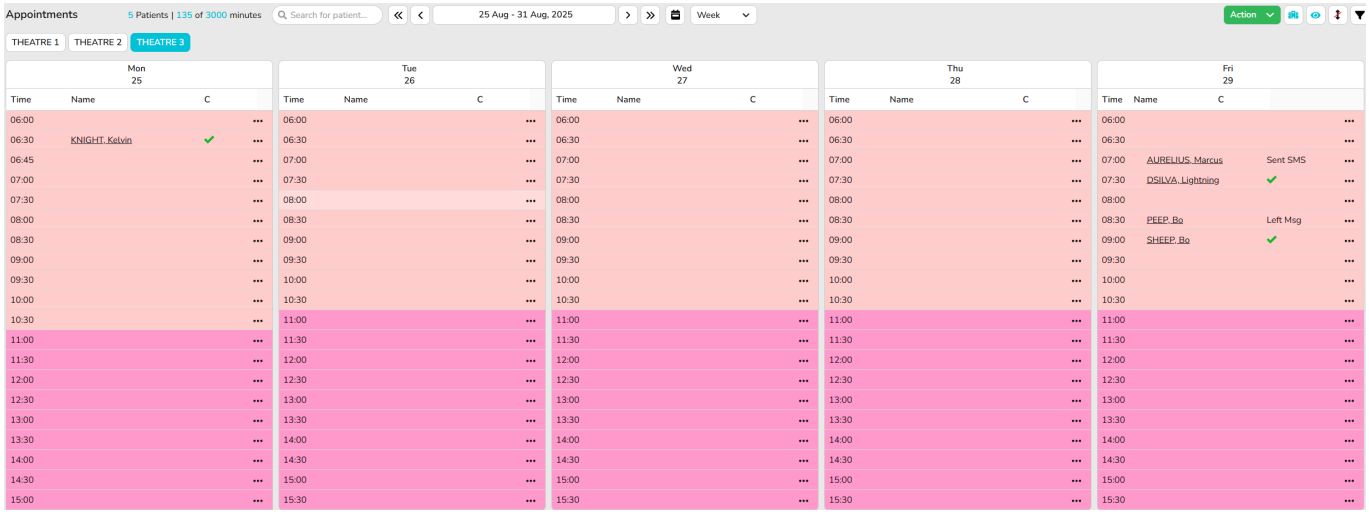
on [Creating Custom Views]

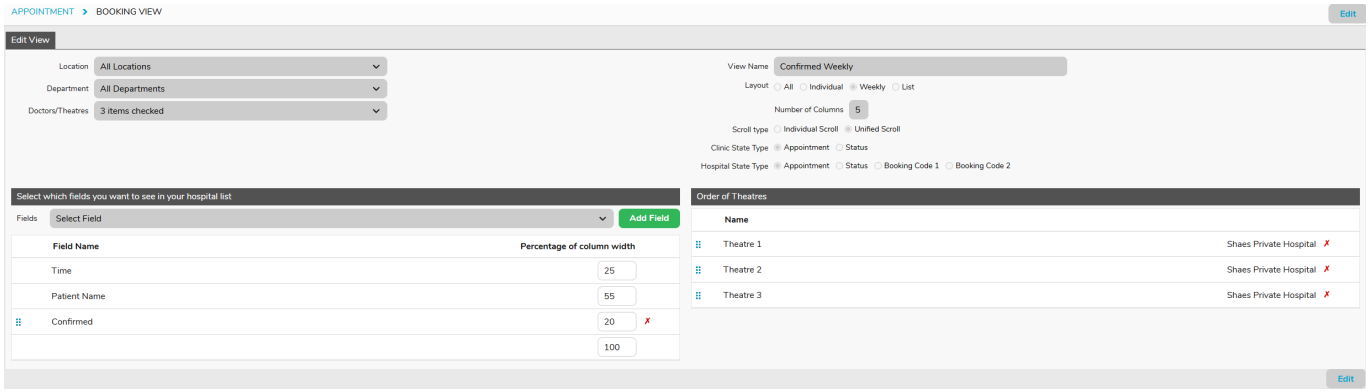
Included below are examples of **Weekly View** ideas. Please see our other pages on **Individual & All View** ideas for those view types.

Administration View

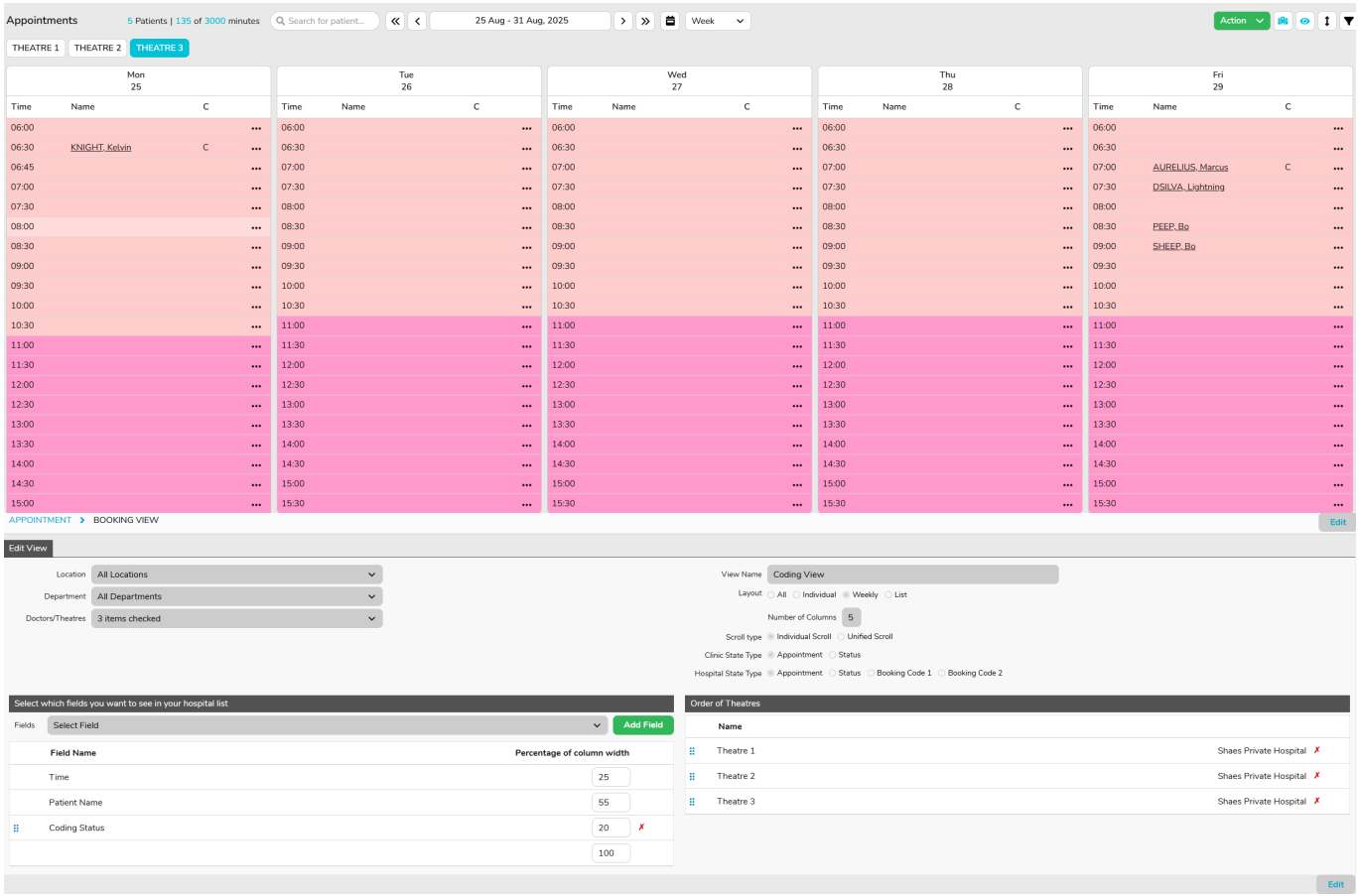


Confirmed View





Coding View



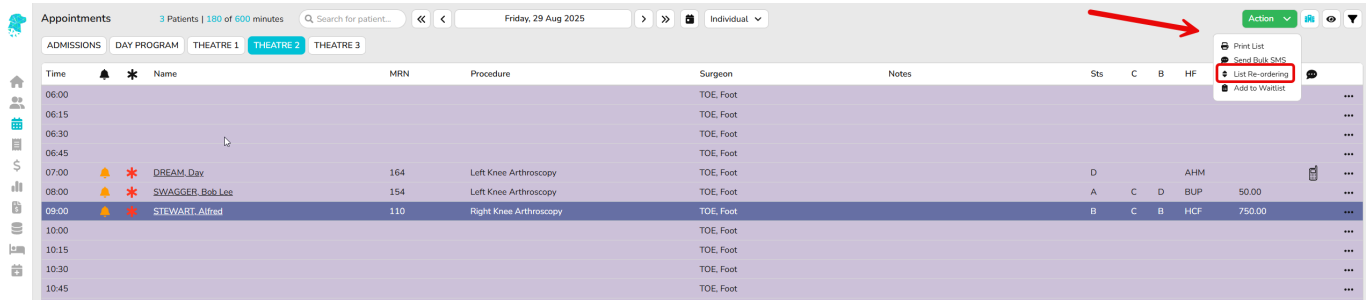
List Re-Ordering Feature (Session Priority)

FYDO allows users the ability to re-order lists with a fabulous feature that resembles the SimDay function **Session Priority.** This feature allows users to easily re-order patients', move all patients' appointments up at once *(in the case of a cancellation)* and set appointment times according to each appointment length.

This feature will work from the admission time of the **FIRST** patient on the list. It will then slot all other patients' into their corresponding admission times, according to the appointment lengths.

The difference with using the List Re-Ordering feature is that it allows users to easily move a patients' appointment up or down the list **& will shuffle the other patients' admission times to**

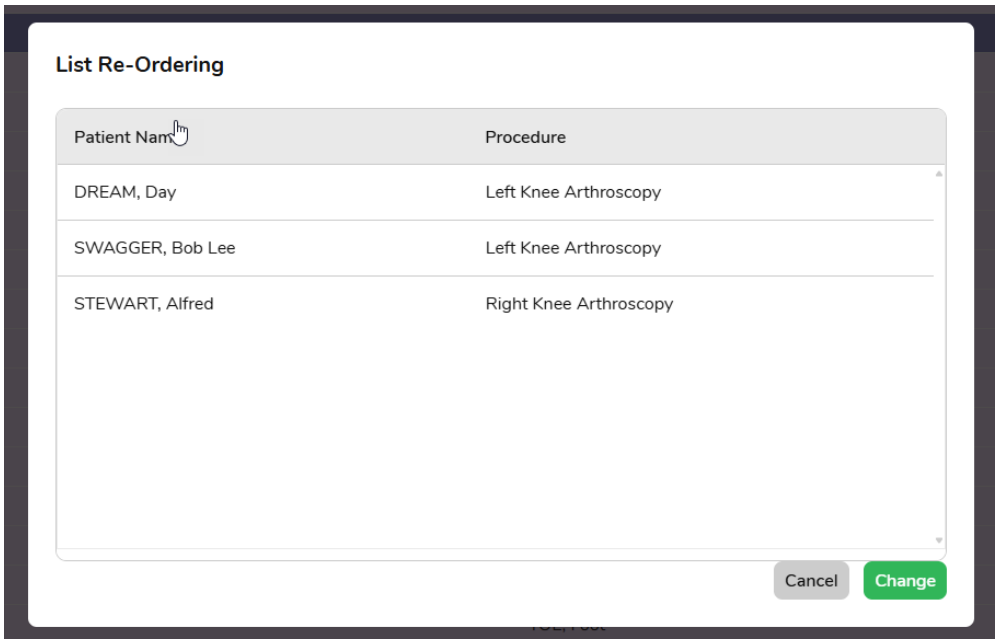
accommodate. Whereas other methods of moving appointments do not impact the admission times of any other patients.



To utilise this function, navigate to the **Appointments Screen** and locate the list that you wish to change.

Select an appointment in the required session & use the **Select the Action** dropdown & click on **List Re-Ordering.**

This will display a pop-up box that allows you to drag patients up or down the list.



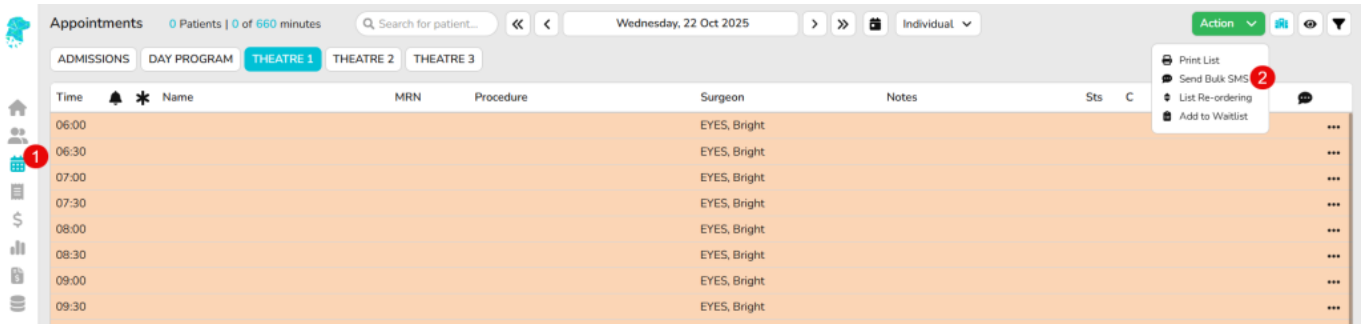
If you do not wish to change the order of the list, and only wish to move all patients up after a cancellation, then simply open the pop-up box & click Change. This will move all patient's appointment times up the list.

You will notice in the below video that we used the Procedure to sort the patients & once we clicked Change, FYDO also filled in the gaps that were left from cancelled appointments.

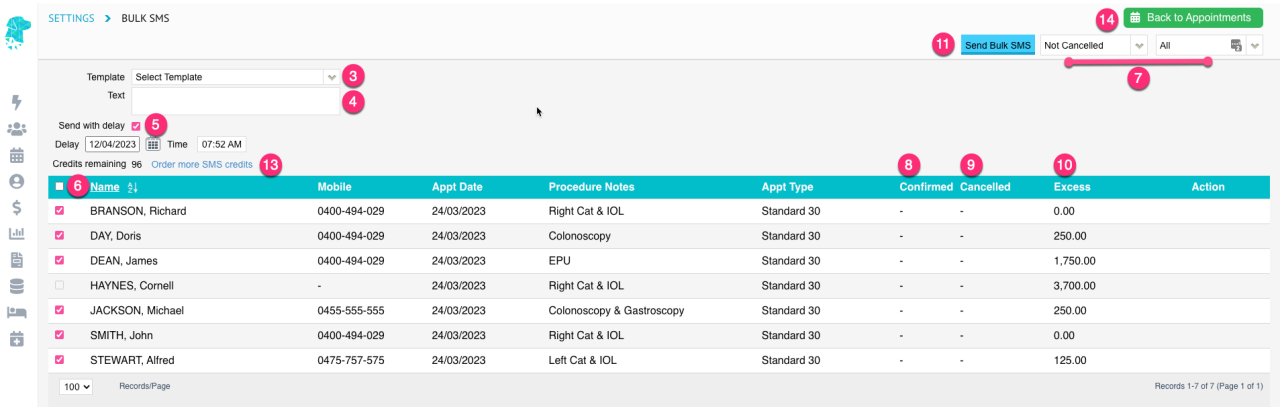
Sending Bulk SMSs

FYDO allows you to contact patients via SMS to assist in efficient workflow. These can be sent one at a time or to a whole list of patients. The system gives the ability to pre-populate the SMS with information regarding the admission/episode e.g., date of admission, time of admission, health fund excess amount etc

Use these instructions if you would like to send a Bulk SMS to a **number of patients at once:**



1. Open the Appointments Screen & navigate to the required date & theatre
2. Use the **Actions** dropdown on the right of the screen to select **Send Bulk SMS**



3. Use the **Template** dropdown box to select from the preloaded SMS templates in your system *(For help with customising these contact Altura Health or visit https://wiki.fydo.cloud/sms-templates/)*
4. Or free type in the **Text** box to customise the text message
5. The **Send with delay** tick box allows the text to be scheduled for a later date & time. If this feature is being utilised enter the **Date** & **Time** that the text will be scheduled to send. However, there is no need to use this feature if the text is intended to be sent in real time
6. All patients with a valid mobile phone number will be selected by default. Use the **tick box** at the top of the column to easily select or de-select all patients' at once. Or use the tick box for each patient to individually select or de-select
7. Use the **drop-down boxes** in the top right to assist in filtering to the desired patient demographics
8. **Confirmed** gives information regarding previous SMSs sent. To assist in determining if they still require an SMS
9. **Cancelled** gives information regarding the patients' cancelled status. However, the screen opens to show **Not Cancelled** patients' only. This column is only relevant if the filter has been set to include the cancelled patients', using the drop-down boxes in #13
10. The **Excess** column displays the amount that has been entered into the Excess field of the patients episode
11. Once all relevant information has been completed, & all desired patients' have been selected,

click **Send Bulk SMS**

12. You will be asked to confirm that you wish to send the SMS, click **Yes**
13. The **Credits Remaining** on the account are displayed on the screen & once the credits get low use the **Order more SMS credits** option on this screen to be re-directed to the **Order SMS Credits** screen where you can follow the prompts
14. **Back to Appointments** button returns the user to the appointments screen

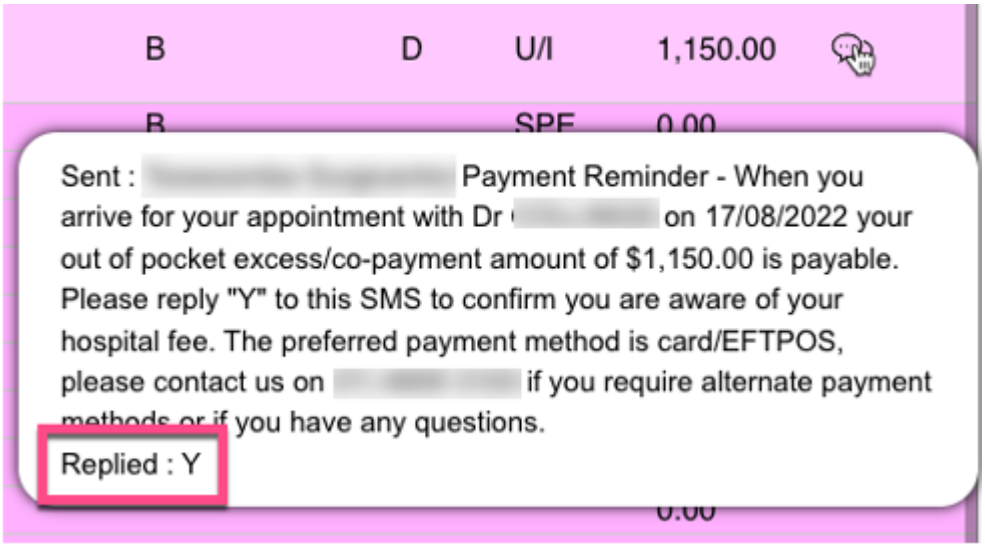
Once the patient has been sent an SMS there will be a visual cue on the Appointments screen. The icon will change depending on the status of the SMS sent. The icons represent the following:

·  This icon will display once the SMS has been **sent** but not yet delivered to the recipient

·  This icon will display once the SMS has been **delivered**

·  This icon will display once the recipient has **replied**

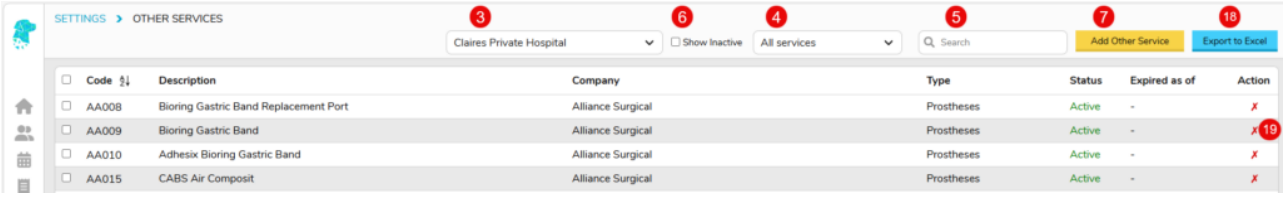
Hover over each of these icons, in the appointments screen, to display the information that the SMS contained. Once a reply has been received it will also be displayed below the message.



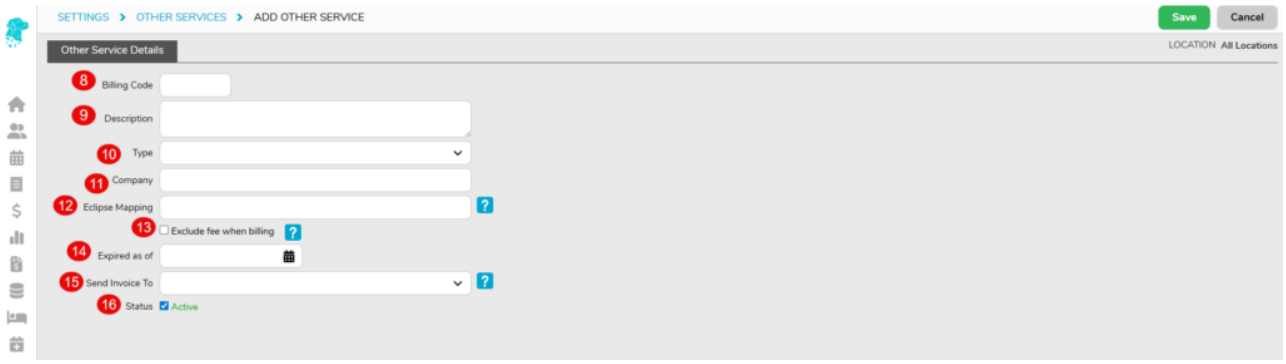
Adding Other Services Codes (Hospital)

These instructions will assist users in Adding or amending an Other Service Code / Prosthesis Code for the purpose of updating the description or information related to the item.
Prostheses list updates will be automatically loaded into FYDO. Any new items will be added & all new fees will be imported. Descriptions will not be updated, as some facilities prefer their own descriptions & do not what them overridden.

1. Go to **Settings**
2. Scroll down to **Hospital > Fees Management** & select **Other Services**



3. Use the **Hospital Drop Down** box to select the facility if it is a multi-location database
4. Use the **All Services Drop Down** box to select a specific service type, if necessary
5. Use the **Search** field to determine if the code is already in the system. *The search fields can be used to search codes, descriptions or companies etc to allow the user to search any part of the other service information*
6. If the code appears, double click to display the information. If it doesn't appear, use the **Show Inactive** tick box to be sure that the code isn't in the system as Inactive
7. If the code needs to be added, click **Add Other Service**



8. Enter the **Billing Code**. *(This is the only information that **will not be editable** once the item is saved)*
9. Enter the **Description** *(Mandatory Field)*
10. Use the **Type** dropdown to categories the item:
    a. Allied Health Services
    b. Disposables
    c. Labour Ward
    d. Nursing Fee
    e. Other
    f. Pharmaceuticals
    g. Prostheses
    h. Theatre Fee
11. Enter the **Company** that supplies the product. *(This can assist with reporting on prosthesis etc, as the other services reports can be run by suppliers)*
12. Enter **Eclipse Mapping** if the Other Services code that is being entered requires a prefix before the code itself. *(Only add the prefix to this field, not the prefix & the code)*
13. Use the **Exclude fee when billing** tick box if this Other Service is excluded from certain Casebase contracts. For example, if the contract lists an all-inclusive fee for a procedure, that also includes prosthesis, this tick box would ensure there is no fee raised for this particular prosthesis when billed in conjunction with the particular Casebase item. **For this feature to**

work the tick box in the Casebase Fee Set up called **Exclude Other Services** also needs to be ticked. When these two tick boxes marry up there will be no charge raised for the other serviced when billed with that item. For any other Casebase or per diem fee, without this Exclude Other Services tick box marked, there will still be a fee raised for the other service

14. If an Other Service item can no longer be used for billing/claiming, you can allocate an **Expiry Date**

    If the item should always be billed to the patient, you can set this as the default by selecting **Patient** in the **Send Invoice To** dropdown

16. Use the **Status** to mark a code as **Active** or **Inactive**
17. Once all desired information has been entered click **Save**
18. The **Export to Excel** option allows for the other services, along with the fees for each fund, to be exported to an excel spreadsheet. Use the **Search** field to filter down to a particular company or description etc to export more specific data (e.g., Search Alcon to export a list of all prosthesis in the system with the company listed as Alcon)
19. To **Delete** an item, use the cross ✗ in the Action column to delete. You will then be asked to confirm that you are sure you want to delete the other service.

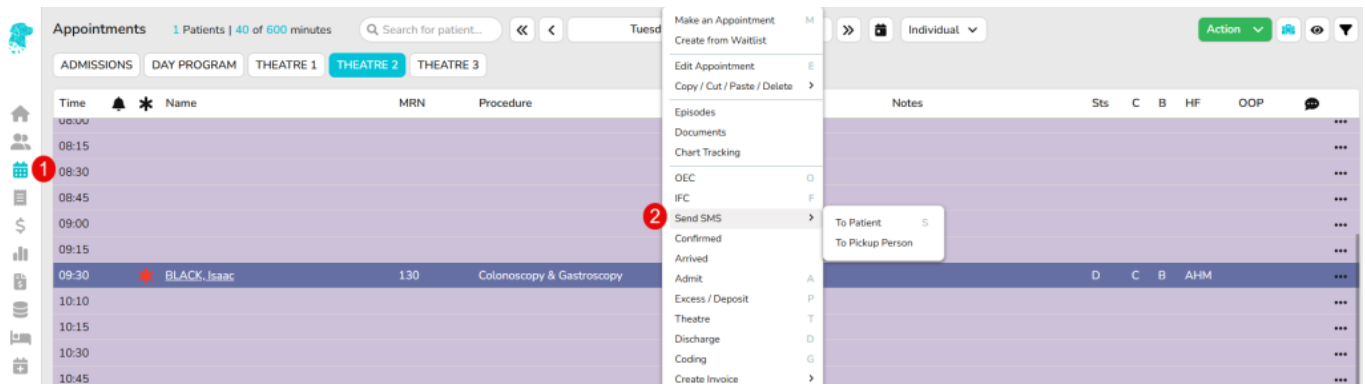
The Other Service / Prosthesis Code has now been added to your FYDO database.

For information on how to add the associated fees to this new item please see instructions **Adding Fees to Other Services Codes (Hospital).**

Sending Individual SMSs (Hospital)

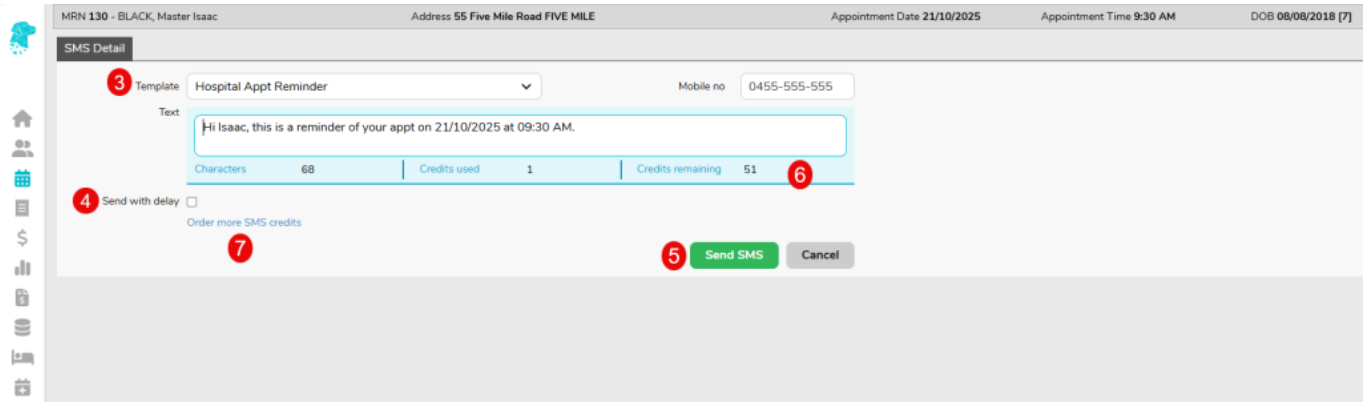
FYDO allows you to contact patients, and their pick up person, via SMS to assist in efficient workflow. These can be sent one at a time or to a whole list of patients. The system gives the ability to pre-populate the SMS with information regarding the admission/episode e.g., date of admission, time of admission, health fund excess amount etc

Use these instructions if you would like to send an SMS to an **Individual Patient** or to the patients **Pick Up Person**:



1. Navigate to the **Appointments Screen** & locate the required episode
2. Right-Click on the required episode & hover over **Send SMS** to show the 2 options to

either **Send SMS to the Patient** or **Send SMS to the pickup Person** *(Or use the shortcut key "S" after you have selected the required patient to send SMS to the patient)*

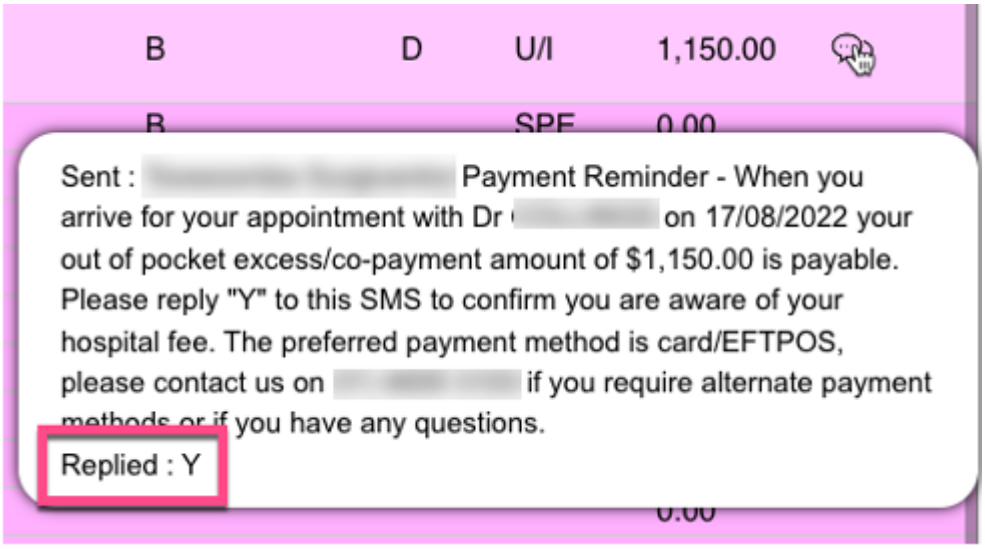


3. Select the required **Template** or free type desired message in the **Text** box
4. Use the **Send with delay** tick box if the message is required to be sent at a specified time, as opposed to at the current time. If you are wanting to use this option, select the **Date** & **Time** that the message is to be sent
5. Once all details have been checked click **Send SMS**
6. The information included in Blue explains:
   a. Characters – The current length of the text message. Each individual text message is allowed to be 160 characters long. Once the length exceeds this amount, it will require more credits to be sent
   b. Credits – This shows the number of credits that will be used to send the message, depending on the length of the text
   c. Credits remaining – Shows how many credits are remaining on your FYDO account
7. Once the credits get low use the **Order more SMS credits** option on this screen to be re-directed to the **Order SMS Credits** screen where you can follow the prompts to purchase more credits

Once the patient has been sent an SMS there will be a visual cue on the Appointments screen. The icon will change depending on the status of the SMS sent. The icons represent the following:

-  SMS has been **sent** but not yet delivered to the recipient
-  SMS has been **delivered** to the recipient
-  Recipient has **replied** to the SMS

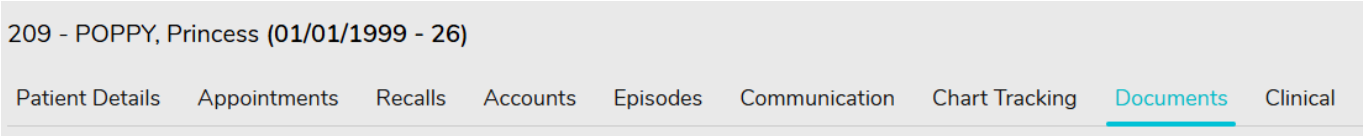
Hover over each of these icons, in the appointments screen, to display the information that the SMS contained. Once a reply has been received it will also be displayed below the message.



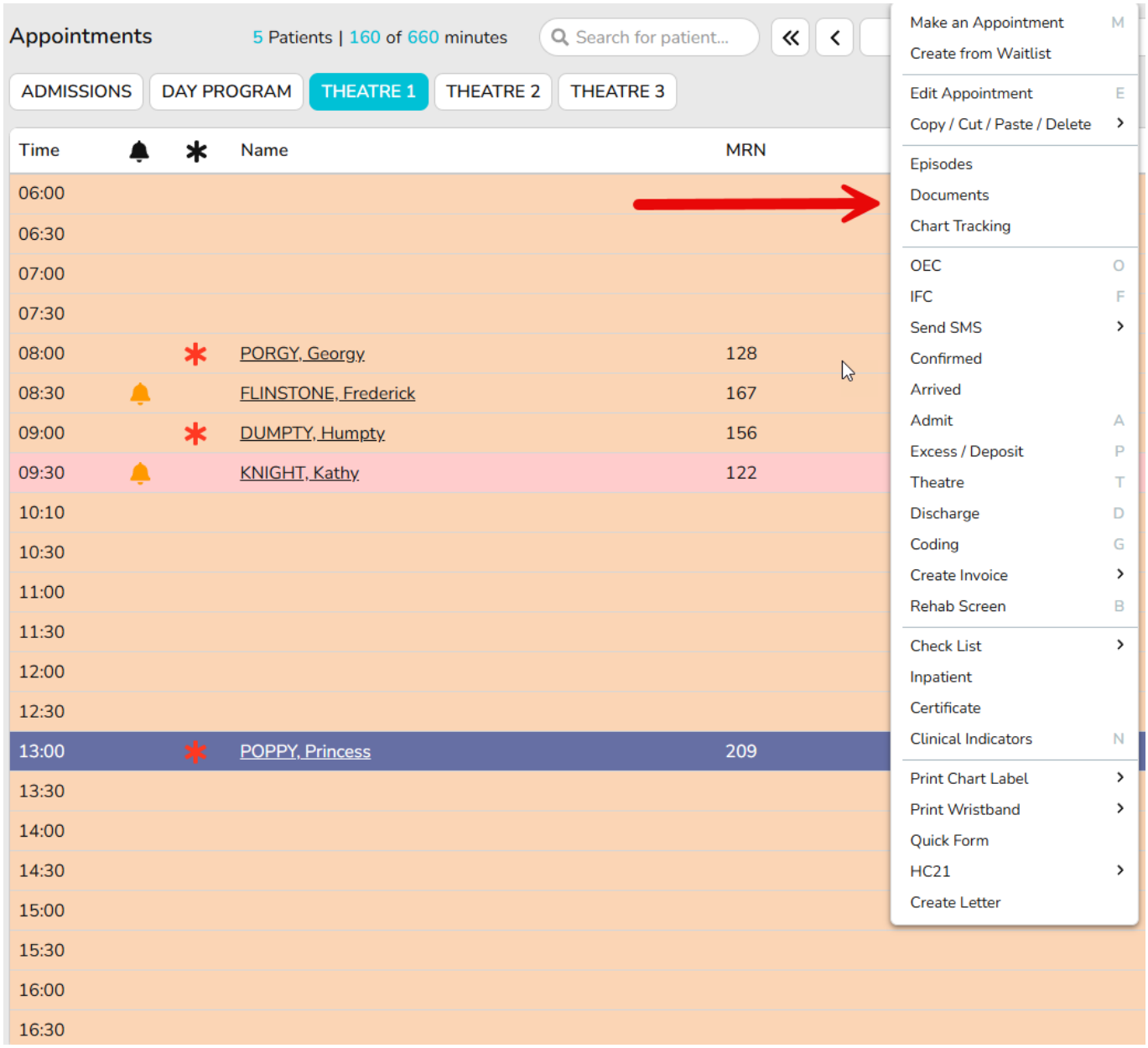
Emailing Documents from FYDO

FYDO facilitates emailing of documents, that are stored in the Documents tab, to the patients, doctors & referring doctors.

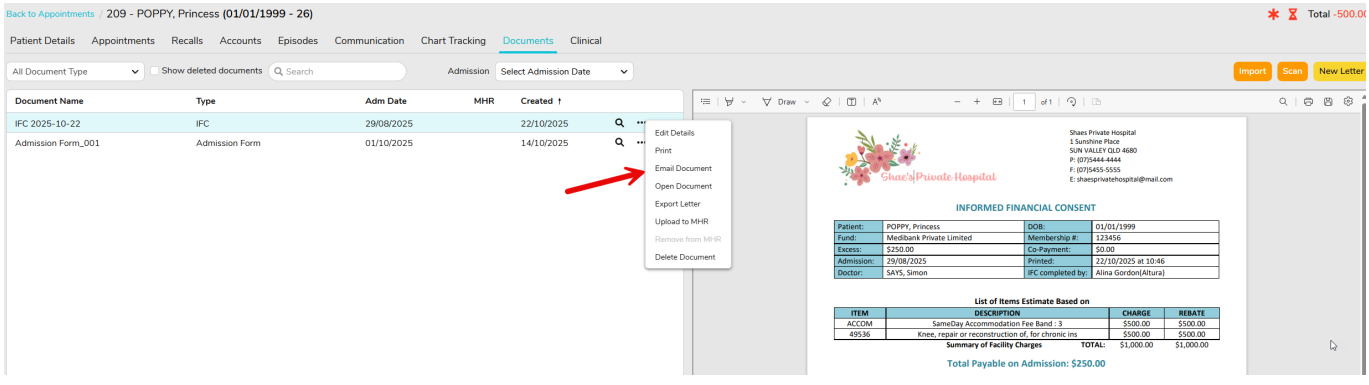
1. Navigate to the required patient, in the Patients tab and once the details are open select the **Documents** tab



2. Alternatively, locate the required episode and use the **Right Click** menu to select **Documents**



3. Select the document that you wish to email & use the three black dots, on the right of the document, to display the menu options
4. Select **Email Document**

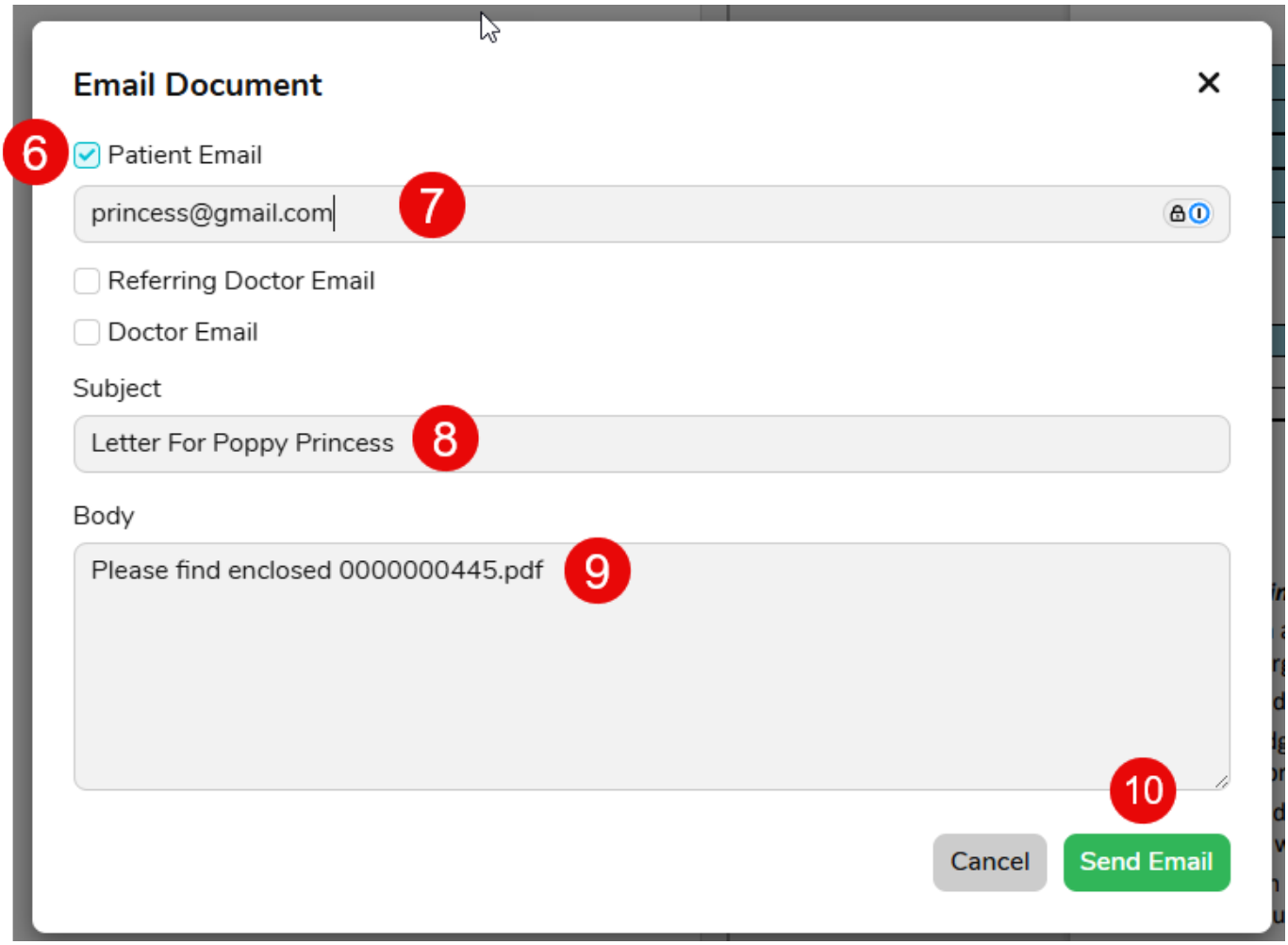


5. The **Email Document** pop up box will be displayed & allow the user to choose who they want to email



– Patient Email allows emails to be sent to the patient. The email address is automatically populated, from the Patient Screen, if it is entered
– Referring Doctor Email allows emails to be sent to the referring doctor. The email address will automatically populate if the document is linked to a particular admission, that admission has a referring doctor listed & the referring doctor has an email address added in FYDO. *(Referring Doctors emails can be added in **Settings > Referring Doctors**)*
– Doctor Email allows emails to be sent to the admitting doctor. The email address will automatically populate if the document is linked to a particular admission & the doctor has an email address added in FYDO. *(Doctors emails can be added in **Settings > Doctors**)*

If no email address is on file, for any of the above options, the user can add the email manually into the relevant field



6. Select who will be receiving the document via email by ticking the box to the left of their description
7. Check the email address listed is correct, or manually type the email address
8. Subject line will automatically populate however users are able to make changes if required
9. Body of the email will automatically populate however users are able to make changes if required
10. Once all fields have been complete, select **Send Email**
11. A log of all emails sent can be found in the **Communication** tab, along with all SMS history

