

Aurora

What's New

Version 6.15



Auditdata

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1 Introduction

The purpose of this document is to provide an overview of all the new and modified features within Aurora release version 6.15.

If your clinic has received custom development work, the changes outlined in this document may or may not be exactly as described. If you have any questions regarding the changes outlined in this document, please reach out to an Auditdata Customer Service Representative.

2 HSP: July Program Changes

The Australian Government announced changes to the Hearing Services Program (HSP) due to take effect July 1, 2021.

Our Australian clinics will notice the following changes to comply with the recent Contracted Services Provider Notice. To comply, here is a summary of the changes in Manage.

CLIENT VOUCHERS EXTENDED TO FIVE YEARS – All vouchers issued from July 1, 2021 and later will have a 5-year duration and all current vouchers that are valid in Manage on July 1, 2021 (not expired) will be automatically extended by 2 years.

PROGRAM CLIENTS WHO ARE NOT FITTED WITH DEVICE WILL BE ELIGIBLE FOR ANNUAL REVIEWS – There is a new HSP Claim Item for annual screening review. The number for this item will be 920 and is similar to the 930 item and has been added to CONFIGURE SYSTEM SETTINGS > INVENTORY > HSP ITEMS.

Within CONFIGURE SYSTEM SETTINGS > SYSTEM > HSP PARAMETERS > HSP VALIDATION RULES a new rule has been added “Cannot be claimed within 12 months of item 600 or 800” and added item 920 to the list of items respecting that rule.

Also created a new rule “Cannot be claimed if a fitting item has been claimed” and added item 920 to the list of items respecting that rule.

MAINTENANCE WILL NOT BE PAID IN THE FIRST 12 MONTHS AFTER A REFITTING, AS THE MANUFACTURER WARRANTY WILL PROVIDE THE FIRST 12 MONTHS – From July 1, 2021, maintenance payments cannot be claimed within 12 months of any refitting.

Specifically, you cannot claim maintenance for 12 months after any of these item numbers: 700/ 710/ 790/ 791/ 820/ 825/ 826/ 830/ 831/ 900/ 910.

Within CONFIGURE SYSTEM SETTINGS > SYSTEM > HSP PARAMETERS > HSP VALIDATION RULES as new rule has been added “Maintenance payment cannot be claimed within 12 months” and the new HSP Item 920 has been added to the list.

The screenshot shows a window titled "HSP Claim Validation Rules" containing a table with three columns: "Seq", "Rule", and "Item Numbers". Several rows are highlighted in yellow, and a red callout box with white text points to these rows. The callout text reads: "New HSP Claim Validation Rules added with assigned HSP Items as per the July 1st HSP Changes." The highlighted rules are:

- 1 Maintenance payment cannot be claimed within 12 months
- 25 Cannot be claimed within 12 months of item 600 or 800
- 26 Cannot be claimed if a fitting item has been claimed

At the bottom of the window, there are three buttons: "Exp/Con", "Continue", and "Cancel".

Seq	Rule	Item Numbers
1	Maintenance payment cannot be claimed within 12 months	700, 710, 790, 791, 820, ETC..
2	Requiring an additional item 777, if client is DVA	630, 640, 700, 710, 790, 791
3	Requiring an additional item 888, if client is DVA	840, 850
4	Requiring a 3FAHL	600, 610, 630, 635, 640, ETC..
5	Monaural fitting item	630, 631, 635, 636, 650, ETC..
6	Binaural fitting item	640, 641, 660, 661, 830, ETC..
7	Requiring a maintenance payment, if client is not DVA	630, 631, 635, 640, 641, ETC..
8	Items requiring the B&M flag checked, if client is not DVA	630, 631, 635, 640, 641, ETC..
9	Date match for non-fitting items	555, 600, 610, 670, 680, ETC..
10	Date match for fitting items	630, 631, 635, 636, 640, ETC..
11	Last Client Review Items	930, 940
12	Manual items	1, 2, 3, 4, 631, 641, 651, ETC
13	Items requiring finalization date 7+ days after fitting	640
14	Items requiring Date of follow-up	670, 680, 681
15	Items to be exported in priority order	820, 840, 850
16	Items requiring 3FAHL values within range	600, 610, 630, 631, 635, ETC..
17	Initial fitting items	630, 631, 635, 636, 640, ETC..
18	Initial assessment items	600
19	Maintenance plan expiry date set based on item date	630, 631, 640, 641, 700, ETC..
20	Items which can only be claimed once	
21	Items which print Maintenance Agreement	700, 710, 777
22	Subsequent Binaural Fitting Items	760, 761, 770, 771
23	Replacement fitting items	
24	Items exempt from HSP Voucher validation	555, 700, 710, 711, 722, ETC..
25	Cannot be claimed within 12 months of item 600 or 800	920
26	Cannot be claimed if a fitting item has been claimed	920
27	Can only be claimed once every 12 months (Group 1)	700, 710, 711, 722
	Can only be claimed once every 12 months (Group 2)	930, 940

Please contact an Auditdata Service Representative if you have any questions regarding the HSP Changes.

3 HSP: Claim Processing by Region

Our Australian clinics have a new centralized HSP Claim processing option within CONFIGURE SYSTEM SETTINGS > SYSTEM > HSP PARAMETERS.

Similar to our PROCESS CLAIMS CENTRALLY option that groups multiple locations HSP claims into one e-claim batch for HSP submittal, a new option to PROCESS HSP CLAIMS BY REGION has been added.

Additional configuration within CONFIGURE SYSTEM SETTINGS > SYSTEM > REGION INFORMATION to indicate which locations belong to a CLAIM GENERATION region and which locations details to use in the E-Claim batch.

When the option to Process HSP Claims by Region is enabled, the SEND CLAIMS function will require that you enter the Region you are submitting an E-Claim batch file for.

4 HSP: New Daily Close Info on Claims

Our Australian clinics will benefit from an enhancement that has been made to the HSP Claim Details “view only” screen that shows which Daily Closes a claim has been a part of.

This information previously was only available to view here if a HSP Claim existed on only one Daily Close transaction, but now a SALES TRX NUMBER additional info window has been added to show ALL Sales Transaction Numbers associated to a claim.

HSP Claim Details

Claim Number: 9093 Patient Number: 6530 Posting Date: 07/05/2021 Location: G Manual Claim:
 Claim Date: 07/05/2021 Pete, Samuel Quotation: Ready:
 Appointment: Voucher Number: 1234567890-01012021 Confirmed:
 Replacement:

Only complete this section if claiming non-fitting items

Item Number	Date	Site	Benefit	GST Amt	Total
<input type="checkbox"/>					
<input type="checkbox"/>					

Only complete this section if claiming fitting item - only one fitting

Item Number	Date	Site	Benefit	GST Amt	Total
<input checked="" type="checkbox"/> 760	07/05/2021		119.25	1.65	120.90

Product Number: 70-5 Device Code: HSP-CODES Date: 07/05

Left Right

QuickBooks Sales Trx Number:

Clinical Details

3FAHL Left / Right: 85 dB 85 dB
 Audiogram Date:
 Date of follow-up:
 Date Aidable 1 Ear:

Export Trx#: 000000500

Certification By Service Provider

Authorised person: Abby Van Buren
 Total Cost To Client: 3602.00
 Signed: Date: 07/05/2021

Payment Amount:

Print Document History Return/Reverse Ok

If a HSP Claim is only associated to one Daily Close transaction, then the single transaction number will appear as it always had.

If the HSP Claim was a part of multiple Daily Close transaction, then the new window to display them all will appear.

5 EDI: New Order Substitutions Feature

An enhancement has been made for clinics who utilize an EDI web service for Order processing.

Previously, if a vendor sent a different product or extra products, the user would have to go “unlock” the original order to edit it but now a user has a new on-screen option during the receiving process to adjust the order, so it matches what is being received in one step.

This allows issues with mismatched products to be resolved where there are errors like “Product was not found on order.” The lines received matching the order exactly will be highlighted GREEN.

Any lines that do not match will be highlighted RED. These RED product line items will allow the user to use the drop-down list and select another item from the invoice that originally was not associated to the original order.

There is also an option to remove the product line item all together. There is also a new option to add extra lines to the original order for when there are extra products in the vendor invoice.

All adjustments to the products in EDI Receiving can update:

- The original order
- An option for the user to update an open quote that generated the order
- The accounts payable bill to the vendor

The screenshot displays the 'View Order' dialog box within the EDI Receiving interface. The dialog box is titled 'View Order' and contains the following information:

- Order Number:** 4047
- Order Date:** 01/12/2015
- Location:** G Guelph Hearing Specialists
- Vendor:** GN Resound
- Invoice Number:** 4047
- Shipment Number:** (empty)
- Invoice Date:** 09/29/2014
- Status:** Pending Approval
- Reason:** A product found in EDI has a higher quantity than the order in Simply Hearing: 70-5

The dialog box also features three tables for product management:

Order Substitution			
Product	Qty	Extended	Patient
100-5	1	1.25	
70-5	1	9502.00	

Delete From Order			
Product	Qty	Extended	Serial Number
70-5	1	.00	20171214-2
70-5	1	.00	20171214-3

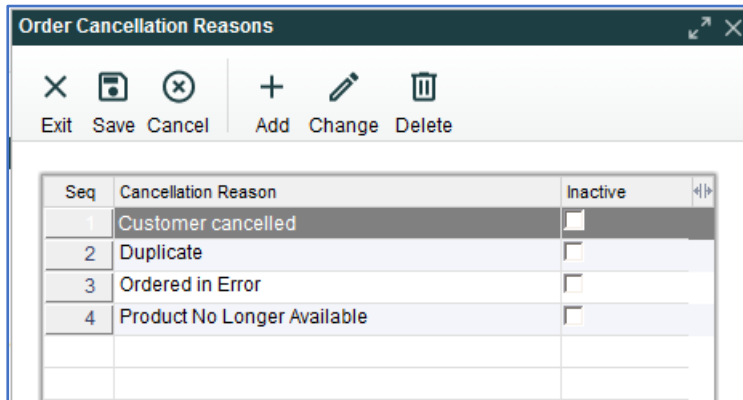
At the bottom of the dialog box, there are several buttons: Revalidate, Approve, Delete, Open Order, Print, and OK.

When reviewing the details of a product line item on an order being received, the user is presented with a clear reason why the order being received does not match the original order sent and now has new options to substitute products edit the order to include or remove products.

This provides the user approving the received order lots of flexibility in their receiving process should the vendor substitute a product or include products that were not on the original order.

6 Orders: New Cancellation Reasons

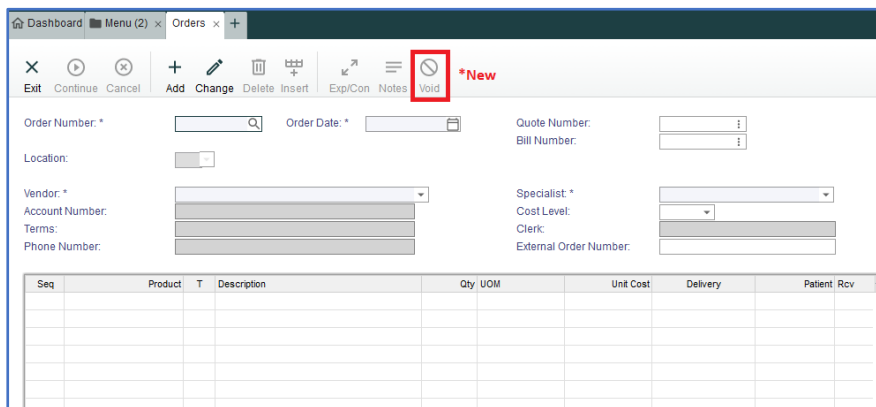
Clinics who utilize our ORDERS functionality will benefit from the new enhancement to customize new ORDER CANCELLATION REASONS. Within CONFIGURE SYSTEM SETTINGS > ACCOUNTING (AR/AP) > ORDER CANCELLATION REASONS clinics can create their own valid cancellation reasons that can be selected on Orders.



Seq	Cancellation Reason	Inactive
1	Customer cancelled	<input type="checkbox"/>
2	Duplicate	<input type="checkbox"/>
3	Ordered in Error	<input type="checkbox"/>
4	Product No Longer Available	<input type="checkbox"/>

Clinics will assign access to the new ORDER CANCELLATION REASONS menu option within CONFIGURE SYSTEM SETTINGS > SYSTEM > SECURITY ROLES > PERMISSIONS and can also indicate that providing a cancellation reason voided/cancelled order is mandatory within CONFIGURE SYSTEM SETTINGS > SYSTEM > DOCUMENT PARAMETERS > MANDATORY INPUT FIELDS.

A new VOID button has been added to the ORDERS screen so that a user can indicate the order is cancelled/voided and prompt the user for a Cancellation Reason if configured or required. Clinics using our EDI functionality will especially like the new VOID option on an Order which essentially removes all non-received products off the Order.



Seq	Product	T	Description	Qty	UOM	Unit Cost	Delivery	Patient	Rcv

The ORDER INQUIRY will now also report on Cancelled Orders.

7 Patient Notifications: Enhancements

Clinics who utilize our Patient Notifications will notice a new option within CONFIGURE SYSTEM SETTINGS > PATIENT > PATIENT NOTIFICATIONS under the CONFIGURATION tab called “Send Reminder For 1st Appointment Only.”

This parameter when enabled is meant to prevent a patient from receiving multiple patient reminder notifications for appointments that are scheduled back-to-back on the same day.

For example, if a patient had a 1:00 pm appointment followed by a 1:30 pm appointment on the same day, the patient would only receive ONE appointment reminder notification for the 1st appointment of the day if this parameter is enabled.

Patient Notifications

Exit Save Cancel Add Change Delete

Configuration Messages Appt Confirmations Appt Reminders Recalls

Email Configuration

Outgoing Mail Server (SMTP):
 Outgoing Mail Server Port:
 User Name:
 Password:
 From Email Address:
 BCC Email Address:
 Security Type: None TLS SSL

SMS Configuration

SMS User Name:
 SMS Password:
 Use SMS From ID:
 SMS From ID:
 SMS Route Code:

IVR Configuration

IVR User Name:
 IVR Password:
 IVR From Number:

Transmission Hours

	Start Time	End Time
<input checked="" type="checkbox"/> Monday:	00:00:00	23:59:00
<input checked="" type="checkbox"/> Tuesday:	01:00:00	23:59:00
<input checked="" type="checkbox"/> Wednesday:	01:00:00	23:59:00
<input checked="" type="checkbox"/> Thursday:	01:00:00	18:00:00
<input checked="" type="checkbox"/> Friday:	01:00:00	18:00:00
<input type="checkbox"/> Saturday:	08:00:00	17:00:00
<input type="checkbox"/> Sunday:	12:00:00	17:00:00

Ignore Notification Times

New Send Reminder For 1st Appointment Only

Notification Defaults

SMS:
 Email:
 IVR:

SMS Confirmation Responses:
 Direct Telehealth Messages:
 Restrict Telehealth Appt Notifications:
 Max Retries:

It is important to note that this parameter to only send a reminder for the first appointment of the day does not apply in any way to Telehealth reminders.

Telehealth reminders will always send, no matter how many appointments there are in the same day.