



Hearing On-Line Catalogue Ordering Solution

accessible User Guide

Audiologists

(MOH)

December 2011

DISCLAIMER

Copyright © **accessible** 2011

All rights reserved. No reproduction, transmission, transcription, storage in a retrieval system, or translation into any language or by any means, electronic, mechanical, optical, chemical, manual, or otherwise, any part of the this document with the express permission of **accessible**.

Liability Notice: Every effort has been made to ensure that the information in this document, supplied by **accessible**, is accurate and complete. However, as use and interpretation of this document is beyond the control of **accessible**, no liability, either direct or consequential, can be entertained by **accessible**, its agents, or its suppliers.

Document Control

Document Name	accessible User Guide
This Guide is Applicable To	accessible website for <ul style="list-style-type: none"> • Audiologists
Author(s)	Timothy Choy

Revision Date	Revision Number	Author(s)	Summary of Changes	Changes marked
17/10/2011	1.00	Timothy Choy	Initial Document.	
7/11/2011	1.10	Allan Smith	Document Review	
25/11/2011	1.20	Timothy Choy	Final Review	
30/12/2011	1.30	Timothy Choy	Additional Repairs information added.	

CONTENTS

Icons & Labels used in this Guide.....	4
General Information.....	5
High-Level workflow.....	5
System Requirements - Browser Compatibility.....	6
Using the system.....	7
Logging On.....	7
Catalogue Selection.....	8
Browse Catalogue & Order Hearing Aids.....	9
Amending ordered items – Update My Order.....	11
Navigate through the eReferral Subsidy Form	12
Assessor/Audiologist Details.....	13
Person’s Details.....	15
Claim Details.....	16
Add Attachments.....	17
Repairs.....	18
Navigate through the eReferral Repairs Form	19
Audiology Provider / Audiologist / Clinic Details.....	20
Person’s Details.....	21
Eligibility.....	22
Repair / Replacement.....	24
Add Attachments.....	26
Form Submission (For Subsidy / Repairs / Fully Funded).....	27
Submission failure.....	27
Submit, Park, Preview, Cancel.....	28
Orders History.....	29
Quick steps to form submission (Flow chart).....	31
Frequently Asked Questions (FAQ’s).....	32
Contact details for help desk.....	34

ICONS & LABELS USED IN THIS GUIDE

You will see helpful icons used in this guide to draw attention to a subject, action or information.



The light bulb icon indicates information that is likely to make your job easier.



The exclamation icon highlights a warning or an action you need to take. When you see this icon, pay attention and proceed with caution.



The 'i' for information icon indicates an area that assists in a decision.

GENERAL INFORMATION

The **accessible** Catalogue & eReferral Form solution has been created to facilitate the claim and application processes for Hearing Aid Subsidies, Funding and Repairs requested by Ministry of Health (MOH) Assessors/Audiologists and Administrators.

The Catalogue is made up of the MoH National Hearing Aid List and functions like an “On-Line shopping” application similar to Amazon.com.

The eReferral Form aims to fit into the larger process as seamlessly as possible while reducing the workload for the user and recipient of the eReferral Form information.

The user is required to log-in to the accessible website using a login provided to put forth a claim or application request using the following website

accessible WEBSITE: <https://www.accessable.co.nz>

This will take you to our home page. To get to the On-Line Catalogue, click on this icon:



This will take you to a landing page with training videos, user guides and a link to the On-Line Catalogue for Hearing.

This solution has been a collaborative approach between major parties Hothouse, Zeta, HealthLink and Cornerstone who have each contributed to different parts of the overall solution.

Hothouse – Provides data extraction management.

Zeta – Provides the up-to-date reference of all the **MoH National Hearing Aid List** that can be ordered.

HealthLink – Provides a standard On-Line eReferral Form that users complete when requesting Subsidy Claims, Repairs or Hearing Aids & Accessories.

Cornerstone – Provides **accessible** with a client database for management & processing.

High-Level workflow



System Requirements - Browser Compatibility



As this is a web based form application you will need a secure connection to the internet.

Your internet browser will need to be **Internet Explorer version 7.0 or greater, or Mozilla FireFox version 6.0 or greater. The solution will also work with Google Chrome as well.**

If you are experiencing performance problems contact your IT helpdesk or alternatively contact us.

USING THE SYSTEM

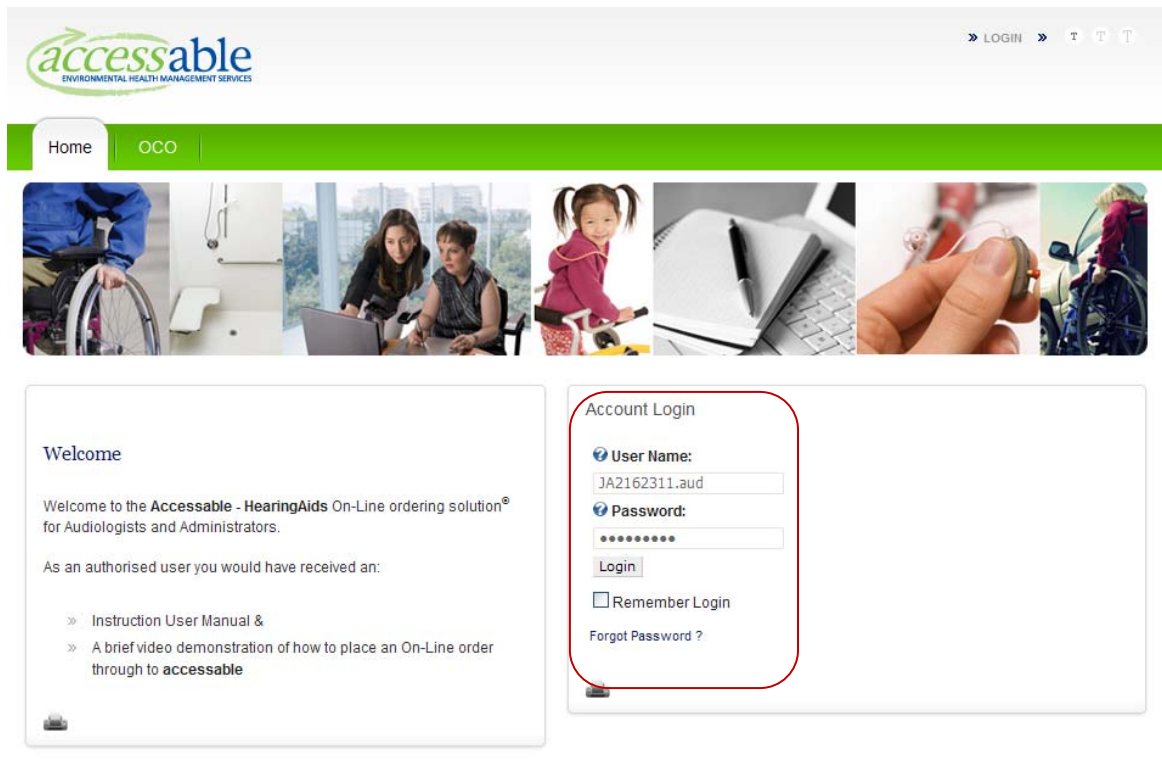
The Hearing Online system has two roles. One role for the Assessor/Audiologist and one role for the Audiology Provider Administrator. This is because in some cases, an Audiologist will complete an application but either needs the authority of a Head Office to attach an invoice, or passes it on to their administration to do this for them.

A “Park” function has been built into the system where an audiologist can complete an application and “park” it. This will get saved into their history. Then, an Administrator can login in and see the “parked” applications, attach an invoice and then submit to **accessible**.

Logging On

Login – Login to the **accessible** website using your username and password.

Your username is made up of your Assessor Number and an identifier (.aud)

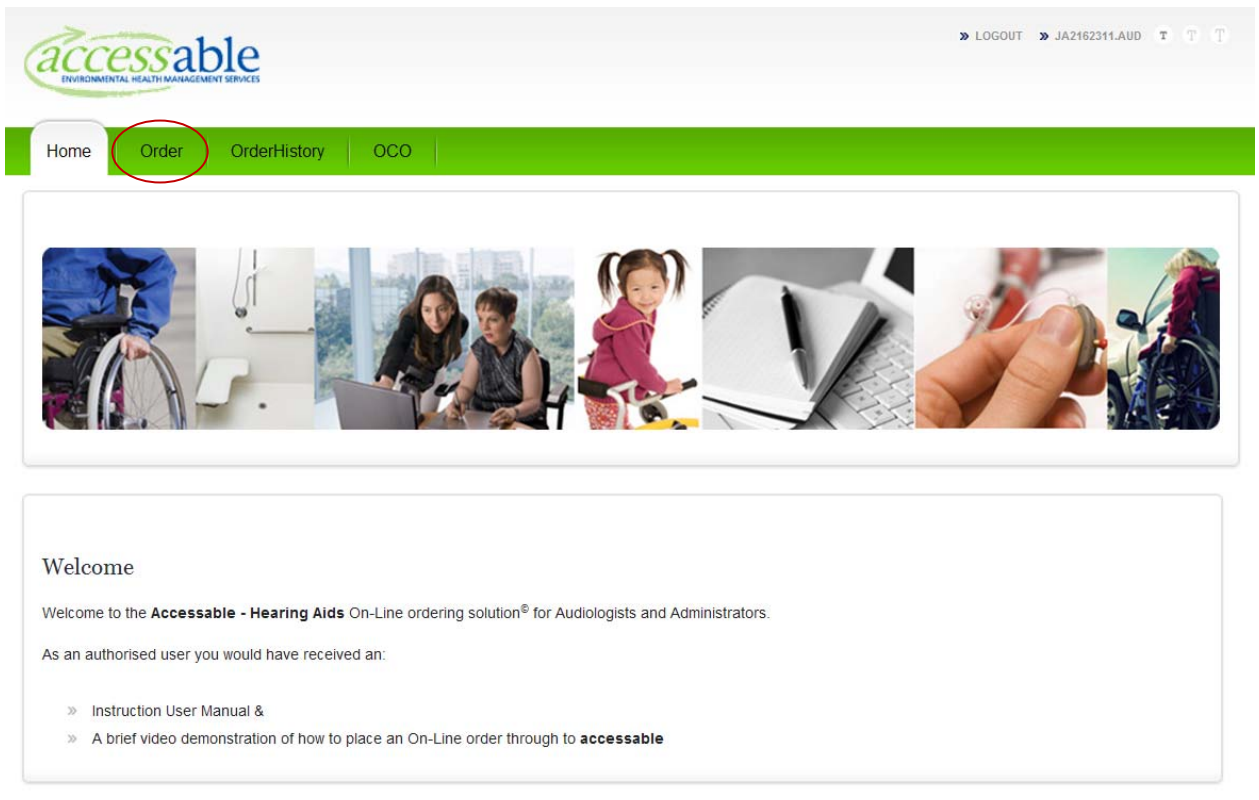


The screenshot shows the Accessible website interface. At the top left is the logo for 'accessible ENVIRONMENTAL HEALTH MANAGEMENT SERVICES'. To the right of the logo are links for '» LOGIN »' and three small icons. Below the logo is a green navigation bar with 'Home' and 'OCO' buttons. A banner image below the navigation bar shows a collage of photos: a person in a wheelchair, two people at a computer, a young girl, a hand holding a hearing aid, and another person in a wheelchair. Below the banner are two main content areas. The left area is titled 'Welcome' and contains a message: 'Welcome to the Accessible - HearingAids On-Line ordering solution® for Audiologists and Administrators. As an authorised user you would have received an:' followed by two links: '» Instruction User Manual &' and '» A brief video demonstration of how to place an On-Line order through to accessible'. The right area is titled 'Account Login' and is enclosed in a red rounded rectangle. It contains a 'User Name:' field with the text 'JA2162311.aud', a 'Password:' field with masked characters, a 'Login' button, a 'Remember Login' checkbox, and a 'Forgot Password?' link.

Catalogue Selection

Select Orders – This selection will take you to the catalogue section

Upon logging you will be taken to the Hearing Aids home page. Click on the Order tab to be taken to the catalogue.©®



» LOGOUT » JA2162311.AUD T T T

Home **Order** OrderHistory OCO

Welcome

Welcome to the **Accessable - Hearing Aids** On-Line ordering solution® for Audiologists and Administrators.

As an authorised user you would have received an:

- » Instruction User Manual &
- » A brief video demonstration of how to place an On-Line order through to **accessable**

Copyright 2010 by DotNetNuke Corporation | Privacy Statement | Terms Of Use

Browse Catalogue & Order Hearing Aids

1. Browse the catalogue to locate the Hearing Aid of your choice. On the left under Products is the list of all available Hearing Aids and the relevant information. On the bottom under My Order is the list of Hearing Aids that you have selected.

To assist you in your search for your specific Hearing Aid you can use the Product Filter selections to narrow down the Hearing Aids in the Product list

When an item is selected more detailed information will be shown in the Product Preview section on the right

Home
Order
OrderHistory
OCO

Product Filter

Keywords:
 Brand
 PriceRange
 Availability

Products

Brand	Model	SicCode	Availability	MOH Price \$
Unitron	360+ BTE	UNI0001	Current	\$820.00
Unitron	360e BTE	UNI0002	Current	\$580.00
Oticon	380P	OTI0001	Current	\$680.00
Oticon	380P BICROS	OTI0002	Current	\$976.00
Oticon	380P Bone Conductor	OTI0003	Current	\$1,098.00

...

Page 1 of 150, items 1 to 5 of 748.

Product Preview

Unitron
360+ BTE
\$820.00
Availability: Current
Warranty:
Support for repairs:
Distributor: H8759 UNI
Product: HAFUNI360

✘ Photo not available

My Order

Model	Brand	Ear	MOH Price \$	SicCode	Remove
No records to display.					
			\$0.00		

- 2. To order your Hearing Aids click on a Hearing Aid in the Products list and then in Product Preview click on “Add to Order”.

Home | **Order** | OrderHistory | OCO

Product Filter

Keywords: Brand PriceRange Availability

Products

Brand	Model	SicCode	Availability	MOH Price \$
Unitron	360+ BTE	UNI0001	Current	\$820.00
Unitron	360e BTE	UNI0002	Current	\$580.00
Oticon	380P	OTI0001	Current	\$680.00
Oticon	380P BICROS	OTI0002	Current	\$976.00
Oticon	380P Bone Conductor	OTI0003	Current	\$1,098.00

1 2 3 4 5 6 7 8 9 10 ... Page 1 of 150, items 1 to 5 of 748.

Product Preview

Unitron
360+ BTE
\$820.00
Availability: Current
Warranty:
Support for repairs:
Distributor: H8759 UNI
Product: HAFUNI360

Photo not available

My Order ← **When you order a Hearing Aid it will be added to this list**

Model	Brand	Ear	MOH Price \$	SicCode	Remove
360+ BTE	Unitron	Select	\$820.00	UNI0001	X
			\$820.00		

Please select a valid entry



-
-
-

These three options will take you directly to the **eReferral order form**. This can also be used if you already know the SIC codes of the product you wish to order and want to skip the catalogue.

Amending ordered items – Update My Order

Once a Hearing Aid has been added to your Order, you will need to select which Ear it belongs to, L for Left, R for Right and B for Binaural.

If you wish to remove a Hearing Aid from your cart, click on the X.

Please be aware that you can order a maximum of two Hearing Aids. If you try and order more than this amount the message “**You already have the maximum number of hearing aids selected**” will show.

Once you have finished adding your Hearing Aids, you can choose which eReferral form to go to, by clicking on either the Funding Scheme Application, Subsidy Scheme Application or the Repairs Form button:

My Order

Model	Brand	Ear	MOH Price \$	SicCode	Remove
360+ BTE	Unitron	B	\$1,640.00	UNI0001	X
			\$1,640.00		

Funding Scheme Application

Subsidy Scheme Application

Goto Repairs Form



We will now take you through how to fill out each application form separately. This version of the user guide only discusses the Subsidy Scheme application form and the Repairs form. The Funding Scheme application walk through will be added to this user guide shortly.

NAVIGATE THROUGH THE eREFERRAL SUBSIDY FORM



To easily navigate your way through completing the eReferral Subsidy Form - simply click on the Section Tabs and fill in the information required.

SECTION TABS:

- Assessor/Audiologist Details
- Person's Details
- Claim Details
- Attachments



Do not use the Back button on your internet browser to navigate through the section tabs (displayed below). This will result in losing all your order information.

If you want to go back into the On-Line Catalogue click on the **“Select from Catalogue”** button which is located in the Claim Details Section Tab. This will take you back to the catalogue without losing any information.

The screenshot shows the 'Hearing Aid Subsidy Scheme Claim Form' in a Windows Internet Explorer browser. The browser's address bar shows a 'Certificate Error' and the URL 'http://www.accessible.org.nz'. The form is titled 'Hearing Aid Subsidy Scheme Claim Form' and includes a navigation bar with buttons for 'Preview', 'Park', 'Submit', and 'Cancel'. On the left side, there are four section tabs: 'Assessor/Audiologist' (No alternative provider details required), 'Person's Details' (Person Details Incomplete), 'Claim Details' (Previous Subsidy Status: No Both Ear: AID 360+ BTE), and 'Attachments' (No files attached). The main content area is divided into sections: 'Approved Assessor/Audiologist Details' (with fields for Given Name, Last Name, Telephone, Audiology Provider, Branch/Clinic, Accreditation No., Email, Ext No., Mobile, and Fax No.), a question 'Does information about this application need to be sent to an alternative Audiology Provider and /or email?' with 'Yes' and 'No' radio buttons, and 'Approved Assessor / Audiologist Declaration' (with a 'Claim Date' field set to 4/11/2011 and a confirmation statement with 'Yes' and 'No' radio buttons). A red arrow points to the 'BACK' button in the browser's navigation bar with the text 'BACK BUTTON - DO NOT USE!'. Another red arrow points to the 'Person's Details' section tab on the left side of the form with the text 'Section Tabs - Click on Tab to edit'.



ASSESSOR/AUDIOLOGIST DETAILS

Assessor/Audiologist Details – All Assessor/Audiologist Details are to be filled out here

- 1. APPROVED ASSESSOR/AUDIOLOGIST DETAILS:** All your details are filled out automatically for you. There is a field where you can type in your Mobile number if you wish.
- 2. ALTERNATIVE AUDIOLOGY PROVIDER:** Choose “Yes” if the information about this application needs to be sent to an alternative Audiology Provider. If “Yes” is chosen, new mandatory fields will appear for you to write the Alternative Provider details.

- 3. APPROVED ASSESSOR/AUDIOLOGIST DECLARATION:** You can write in the Claim date manually with the format to be the same as dd/mm/yyyy or you can use the Calendar Icon to make your selection.


If you do not agree with the Declaration and choose “No” a new mandatory field will show that says “Please enter your reasoning for disagreeing with the Declaration”.

**Approved Assessor / Audiologist
Declaration**Claim Date*  

By completing and submitting this claim I confirm that the assessment, selection and fitting of hearing aids has been carried out in accordance with the NZAS Standards of Practice and the Ministry of Health's Disability Support Services accreditation framework and that the claim is correct and meets the Ministry of Health's Hearing Aid Subsidy Scheme eligibility criteria.* Yes No

Please enter your reasoning for disagreeing with the Declaration:*



You can also click on the  icon for more information about the form.

PERSON'S DETAILS

Enter in the client details in this section tab

(*) Red asterisk - Indicate "Mandatory information" is required.

The screenshot displays the 'Hearing Aid Subsidy Scheme Claim Form' interface. At the top right, there are buttons for 'Preview', 'Park', 'Submit', and 'Cancel'. The form is divided into several sections:

- Assessor/Audiologist:** No alternative provider details required.
- Person's Details:**
 - Given Name*: John
 - Last Name*: Smith
 - Address Line One*: 18A Frost Rd
 - Address Line Two: (empty)
 - Suburb: MT ROSKILL
 - City / Town*: AUCKLAND METRO
 - Postcode: 1041
 - Email*: JSmith@accessible.co.nz
 - Title: Mr
 - NHI No.*: JDS1231
 - Telephone*: 021 021 021
 - Date of Birth*: 01/11/1990
 - Gender*: Male
 - Ethnicity*: European NFD
 - Internal Reference #: TIR1234
- Person's information to be sent to*:**
 - Email
 - Postal Address
- Person's Declaration:** The person, (person's guardian or authorised agent, where the person is unable to complete the claim) agrees to this claim for the Hearing Aid Subsidy being made and that the information given in this claim is true and correct. The person has been given the Guide to Getting Hearing Aids and authorises accessible to use or disclose information as described in the Privacy Act.* Yes No
- Person's Agreement:** The person understands that the subsidy level is a GST inclusive amount of \$511.11 and is available not more than once every six years per ear per hearing aid and that the 6 year period commences from the date the hearing aid is provided.* Yes No



The **Internal Reference #** is an editable field that you can use for your internal processes. For example some clinics can put their invoice reference number here to help match which invoice is to be attached. Anything can be put in here, up to a maximum of 20 characters.

CLAIM DETAILS

Fill out all the Claim Details here.

accessable Hearing Aid Subsidy Scheme Claim Form Preview Park Submit Cancel

Assessor/Audiologist
No alternative provider details required

Person's Details
Person Details Incomplete



Claim Details
Previous Subsidy Status: No
Both Ear: AID 360+ BTE

Attachments
No files attached

Claim Details
Has the person previously claimed a hearing aid subsidy? Yes No

Subsidy amount (inclusive GST) & Ear* Both ears \$1022.22 Single ear - Left \$511.11 Single ear - Right \$511.11

Model / type of Hearing Aid(s) supplied:
Please complete the table below using the following guidelines:
 • Please enter no more than two types of hearing aid.
 • The total quantity of all Items should not exceed 2 - same for both ears (or 1 for each ear).
 • If required, please modify the table items below by either using the table itself, or going back to the catalogue and modifying the selection of the item.

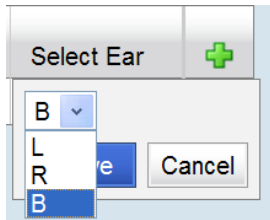
Item Code	Quantity	Model	Retail Price (incl GST)	Select Ear	
UNID001	1	AID 360+ BTE	\$1,700.00	B	 



Browse Catalogue

Model / type of hearing aid(s) supplied and quantity.*

Additional Information (for information gathering only, not related to Subsidy criteria):
Does the person have a current?:
 Super Gold Card Community Services Card None
 The person is currently:
 Employed Studying Working Voluntarily Caring for a Dependent
 None

- CODE:** Add Hearing Aid item code by editing and saving this field.
- RETAIL PRICE (INCL GST):** This is an editable field where you can type in your Retail Price (incl GST). It is a non mandatory field.
- SELECT EAR:** Select which Ear the Hearing Aid belongs to by editing and saving this field



- ADD ITEM:** To manually add to your order select  icon and and enter the correct Hearing Aid item code and Quantity.
- SUBTRACT ITEM:** Or to delete simply select the  icon which will subtract the Hearing Aid item code from the order form.
- SELECT FROM CATALOGUE:** If you wish to browse the catalogue from the eReferral form you can do so by clicking on this button.

ADD ATTACHMENTS

To add an attachment (e.g. invoice) click on the button “Browse for Local File”.

accessable
ENVIRONMENTAL HEALTH MANAGEMENT SERVICES

Hearing Aid Subsidy Scheme Claim Form

Preview Park Submit Cancel

Assessor/Audiologist
Alt Email: Alternative@accessable.co.nz
Alt Provider: Alternative Clinic Name

Person's Details
John Smith
NHI: JD51231
DOB: 01/11/1990

Claim Details
Previous Subsidy Status: No
Both Ear: AID 360+ BTE

Attachments
No files attached

Attachments
"Please attach your Audiology Provider invoice for all subsidy claims"

Local File Attachments

Date	Name	Comments	Size
No records found.			

The screen below will then show and you will be able to use the “Browse” button to search your computer for a file to attach. Once you have selected your file click on the “Upload” button.

Add File Attachment

New file attachment **Browse...**

Comments

Upload Cancel

Once a file has been attached it will show in the Local File Attachments.

Local File Attachments

	Date	Name	Comments	Size
<input checked="" type="checkbox"/>	04/11/2011	Invoice.pdf		147 KB



Please note that you must complete this attachment section last. If you attach a file then browse back to the catalogue to add more Hearing Aids, the attachment will be lost and will have to be re-attached.

REPAIRS FORM

To get to the Repairs eReferral form, in the catalogue simply click on the “Goto Repairs Form” button.

My Order

Model	Brand	Ear	MOH Price \$	SicCode	Remove
No records to display.					
			\$0.00		

[Funding Scheme Application](#)[Subsidy Scheme Application](#)[Goto Repairs Form](#)

See the next page for the eReferral form walk through.

NAVIGATE THROUGH THE eREFERRAL REPAIRS FORM



To easily navigate your way through completing the eReferral Repairs Form - simply click on the Section Tabs and fill in the information required.

SECTION TABS:

- Audiology Provider/Audiologist / Clinic Details
- Person's Details
- Eligibility
- Repair / Replacement
- Attachments



Do not use the Back button on your internet browser to navigate through the section tabs (displayed below). This will result in losing all your order information.

BACK BUTTON - DO NOT USE!

accessable
ENVIRONMENTAL HEALTH MANAGEMENT SERVICES

Hearing Aid Funding Scheme Repair or Replacement Parts Form

Preview Park Submit Cancel

Audiology Provider/ Audiologist/ Clinic Details
No alternative provider details provided

Person's Details
Person Details Incomplete

Eligibility
No selection made

Repair/Replacement
No selection made

Attachments
No files attached

Approved Assessor/Audiologist Details

Given Name*	Janna M	Accreditation No *	JA2162311
Last Name*	Arnephy	Email*	janna.arnephy@nationalhearingcare.co.nz
Telephone*	09 8385333	Ext No.	
Audiology Provider (trading as) & Branch/Clinic*	National Hearing Care	Mobile	
		Fax No.	

Does information about this application need to be sent to an alternative Audiology Provider and /or email?*

Yes No

Approved Assessor / Audiologist Declaration


By completing and submitting this request I confirm that the repair or provision of the replacement part to completion will be carried out in accordance with the NZAS Standards of Practice and the Ministry of Health's Disability Support Services accreditation framework and that the request is correct and meets the Ministry of Health's Hearing Aid Funding Scheme eligibility criteria and processes. *

Yes No

Section Tabs - Click on Tab to edit

AUDIOLOGY PROVIDER / AUDIOLOGIST / CLINIC DETAILS

Audiology Provider / Audiologist / Clinic Details – All Audiology Provider / Audiologist / Clinic Details are to be filled out here

Audiology Provider/ Audiologist/ Clinic Details <small>No alternative provider details provided</small>	Approved Assessor/Audiologist Details Given Name* Janna M 1 Accreditation No*  JA2162311		
Person's Details <small>Person Details Incomplete</small>	Last Name* Arnephy Email* janna.arnephy@nationalhearingcare.co.nz		
Eligibility <small>No selection made</small>	Telephone* 09 8385333 Ext No. <input type="text"/>		
Repair/Replacement <small>No selection made</small>	Audiology Provider (trading as) & Branch/Clinic* National Hearing Care Mobile <input type="text"/>		
Attachments <small>No files attached</small>	Fax No. <input type="text"/>		
Does information about this application need to be sent to an alternative Audiology Provider and /or email?* <input type="radio"/> Yes <input type="radio"/> No 2			
Approved Assessor / Audiologist Declaration By completing and submitting this request I confirm that the repair or provision of the replacement part to completion will be carried out in accordance with the NZAS Standards of Practice and the Ministry of Health's Disability Support Services accreditation framework and that the request is correct and meets the Ministry of Health's Hearing Aid Funding Scheme eligibility criteria and processes.* <input type="radio"/> Yes <input type="radio"/> No 3			

- 1. APPROVED ASSESSOR/AUDIOLOGIST DETAILS:** All your details are filled out automatically for you. There is a field where you can type in your Mobile number if you wish.
- 2. ALTERNATIVE AUDIOLOGY PROVIDER:** Choose “Yes” if the information about this application needs to be sent to an alternative Audiology Provider. If “Yes” is chosen, new mandatory fields will appear for you to write the Alternative Provider details:

Does information about this application need to be sent to an alternative Audiology Provider and /or email?* Yes No

Alternative Audiology Provider & Branch/Clinic*

Alternative Email*

- 3. APPROVED ASSESSOR/AUDIOLOGIST DECLARATION:** If you do not agree with the Declaration and choose “No” a new mandatory field will show that says “Please enter your reasoning for disagreeing with the Declaration”:

Please enter your reasoning for disagreeing with the Declaration:*



You can also click on the  icon for more information about the form.

PERSON'S DETAILS

Enter in the client details in this section tab

(*) Red asterisk - Indicate "Mandatory information" is required.

Audiology Provider/ Audiologist/ Clinic Details No alternative provider details provided	Person's Details Given Name*	<input type="text"/>	Title	Please Select
Person's Details Person Details Incomplete	Last Name*	<input type="text"/>	NHI No.*	<input type="text"/>
Eligibility No selection made	Address Line One*	<input type="text"/>	Telephone	<input type="text"/>
Repair/Replacement No selection made	Address Line Two	<input type="text"/>	Date of Birth*	<input type="text"/>
Attachments No files attached	Suburb	<input type="text"/>	Gender*	Please Select
	City / Town*	<input type="text"/>	Ethnicity*	Please Select
	Postcode	<input type="text"/>	Internal Reference #	<input type="text"/>
	Email	<input type="text"/>		
	Person's information to be sent to:*			
	<input type="radio"/> Email			
	<input type="radio"/> Postal Address			



The **Internal Reference #** is an editable field that you can use for your internal processes. For example some clinics can put their invoice reference number here to help match which invoice is to be attached. Anything can be put in here, up to a maximum of 20 characters.

ELIGIBILITY

Fill out all the Eligibility Details here.

Audiology Provider/ Audiologist/ Clinic Details No alternative provider details provided	Eligibility Eligibility Details:*
Person's Details Person Details Incomplete	1 <input type="radio"/> Preschooler, child or young person in full time education up to 21 years of age 2 <input type="radio"/> Adult with complex needs - severe since childhood / sudden & severe / dual disability <input type="radio"/> Adult with Community Services Card and working / studying / volunteering / carer of a dependent person
Eligibility No selection made	
Repair/Replacement No selection made	
Attachments No files attached	

- 1. Preschooler, child or young person:** If you select this, the below instructions will appear:

Replacement Part - Children & Young people

Replacement domes & tubes/custom earmoulds & shells for existing hearing aids.

- Audiologist sends order to Manufacturer using a code made up of the pre-fix code HAR & child's NHI #, and includes the child's name & date of birth.
- Manufacturer completes the order and invoices accessible including the above details plus the Audiologist/Audiology Providers name.
- Accessable matches the invoice to the Audiologist's Repair/Replacement Part request for payment.

- 2. Adult with complex needs OR Adult with CSC:** If you select either one of these, the below fields and instructions will appear:

Choosing Assessor:

Repair or Replacement Parts - Adult*

- Assessor

Manufacturer repair or replacement part is completed as the cost is lower than \$235 exclusive GST per hearing aid or accessory per 2 year period.

- Services Manager

Repair or replacement part cost exceeds \$235 exclusive GST Assessor Pre-Approval threshold.

Manufacturer repair or Replacement Part:

PLEASE ATTACH:

- A copy of the Audiology Provider's Invoice and a copy of the Manufacturer's itemised quote/invoice for the repair/replacement part.

Choosing Services Manager:

Repair or Replacement Parts - Adult*

- Assessor

Manufacturer repair or replacement part is completed as the cost is lower than \$235 exclusive GST per hearing aid or accessory per 2 year period.

- Services Manager

Repair or replacement part cost exceeds \$235 exclusive GST Assessor Pre-Approval threshold.

PLEASE ATTACH:

- A copy of the Manufacturer's quote for the repair or replacement part.

REPAIR / REPLACEMENT

Depending on what you chose in the Eligibility tab, you will see two different screens:

Preschooler, child or young person:

Audiology Provider/ Audiologist/ Clinic Details No alternative provider details provided	Replacement Part - Children & Young people <input type="checkbox"/> Replacement domes & tubes / custom earmoulds & shells for existing hearing aids. Describe the replacement part, quantity, date of order and manufacturer's name: *
Person's Details Person Details Incomplete	<div style="border: 1px solid #ccc; height: 60px;"></div>
Eligibility Preschooler, child, or young person	
Repair/Replacement No selection made	
Attachments No files attached	

Adult with complex needs OR Adult with CSC:

Audiology Provider/ Audiologist/ Clinic Details No alternative provider details provided	Repair or Replacement Part Details - Adult Please select the Items for Repair: *
Person's Details Person Details Incomplete	<input type="checkbox"/> Replacement domes & tubes / custom earmoulds & shells for existing hearing aids. <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Accessories (e.g. remotes, connectivity devices). <input type="checkbox"/> FM System <input type="checkbox"/> Other (please advise):
Eligibility Adult with Complex Needs	
Repair/Replacement No selection made	
Attachments No files attached	

For the Adults tab, if you select the Hearing Aid box, Accessories or FM Systems they will expand with more fields to fill out:

Hearing Aids:

Hearing Aid

Please choose a side: *

Manufacturer, Model & Style: *

Serial Number Left Ear: *

Manufacturer, Model & Style: *

Serial Number Right Ear: *

Accessories:

Accessories (e.g. remotes, connectivity devices).

Manufacturer, Model & Style: *

Serial Number:

Manufacturer, Model & Style:

Serial Number:

FM System:

FM System

Manufacturer, Model & Style: *

Serial Number:

ADD ATTACHMENTS

To add an attachment (e.g. invoice) click on the button “Browse for Local File”.

Audiology Provider/ Audiologist/ Clinic Details
No alternative provider details provided

Person's Details
Person Details Incomplete

Eligibility
Adult with Complex Needs

Repair/Replacement
FM Systems

Attachments
No files attached

Attachments Browse for Local File

Please attach all relevant and required documents to allow for review of this application

Local File Attachments

	Date	Name	Comments	Size
	No records found.			

The screen below will then show and you will be able to use the “Browse” button to search your computer for a file to attach. Once you have selected your file click on the “Upload” button.

Add File Attachment

New file attachment Browse...

Comments

Upload
Cancel

Once a file has been attached it will show in the Local File Attachments.

Local File Attachments				
	Date	Name	Comments	Size
☑	04/11/2011	Invoice.pdf		147 KB



You are able to add more than one attachment if necessary.

FORM SUBMISSION (FOR SUBSIDY / REPAIRS / FULLY FUNDED)

Form Submission

After you have finished filling out either the Subsidy Scheme/Repairs/Fully Funded application form you have several options to choose from. The options for form submission are located on the top right of the screen. See the next page for more information about these tabs.

The screenshot shows the 'Hearing Aid Subsidy Scheme Claim Form' interface. At the top right, there are buttons for 'Preview', 'Park', 'Submit', and 'Cancel'. The form is divided into several sections:

- Assessor/Audiologist:** No alternative provider details required.
- Person's Details:** NHI: JDS1231, DOB: 01/11/1990.
- Claim Details:** Previous Subsidy Status: No, Both Ear: AID 360+ BTE.
- Attachments:** 1 file attached.

The main form area contains the following fields:

- Person's Details:**
 - Given Name* (highlighted in yellow)
 - Last Name* (highlighted in yellow)
 - Address Line One*: 18A Frost Rd
 - Address Line Two: (empty)
 - Suburb: MT ROSKILL
 - City / Town*: AUCKLAND METRO
 - Postcode: 1041
 - Email*: JSmith@accessible.co.nz
- Title:** Mr
- NHI No.*:** JDS1231
- Telephone*:** 021 021 021
- Date of Birth*:** 01/11/1990
- Gender*:** Male
- Ethnicity*:** European NFD
- Internal Reference #:** TIR1234


An error message box at the top states: "Please fix the following errors:"

- Person's First Name is a required field
- Person's Last Name is a required field

At the bottom, there are radio buttons for "Person's information to be sent to:" with options for "Email" (selected) and "Postal Address".

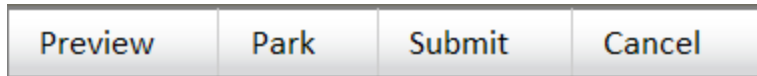
Submission failure



Upon submission should the form fail to submit due to mandatory fields not filled in indicated by this icon , information in the error text box, highlighted in yellow or red asterisk (*) fill in these requirements and **submit** again

(Refer to form submission screenshot)

SUBMIT, PARK, PREVIEW, CANCEL



Submit

'**Submit**' will validate the information and submit the form to the **accessible** database, exit from the eReferral Subsidy Form and return the user back to the On-Line catalogue. If any mandatory fields are *not completed* or *completed incorrectly*, a **red error message** will be displayed at the top of the form with specific details on where the problem lies. Forms can be submitted again once any field issues have been rectified.



A 'Print Preview' copy of the form will be displayed, which can be printed by the user or saved for future record. To do this, click **File -> Save As** or **File -> Print** in your browser.

If submission of the form to **accessible** is successful, a standard message will be displayed onscreen confirming the form submission and indicating when a confirmation of the order can be received from **accessible**. If the submission is unsuccessful, an appropriate error message will display.

Park

'**Park**' will not send your application to accessible but will store it in your history (See Order History below). This application can then be accessed by an administrator account that has been given the correct authority to view your parked orders.

They will then be able to open up your parked order, attach an invoice and then submit it to **accessible** on your behalf.

Preview

'**Preview**' allows the user to view a partially completed form for review, printing and/or saving before submission or park.

Cancel

Users who are unable to fully complete the form or do not want to submit electronically may use the cancel function to exit.

Upon cancelling you will be presented with a 'Print Preview display' of your order, you can print a copy of this cancelled form

ORDERS HISTORY

After submission of your order, you will automatically be taken back to the Catalogue, and your “My Order” section will be empty, ready for your next order. All of your past orders are able to be found by going to the “Orders History” tab.

All of your past orders are listed in the Order History. To search for a specific order you can use the Order Filter to narrow down your selection. In the Order History, next to each order is an arrow on the left. Click on this to find out more information about the order.

As you can see in this Audiologists Order History, one order has been “Submitted” through to **accessible** and the other order has been “Parked”.

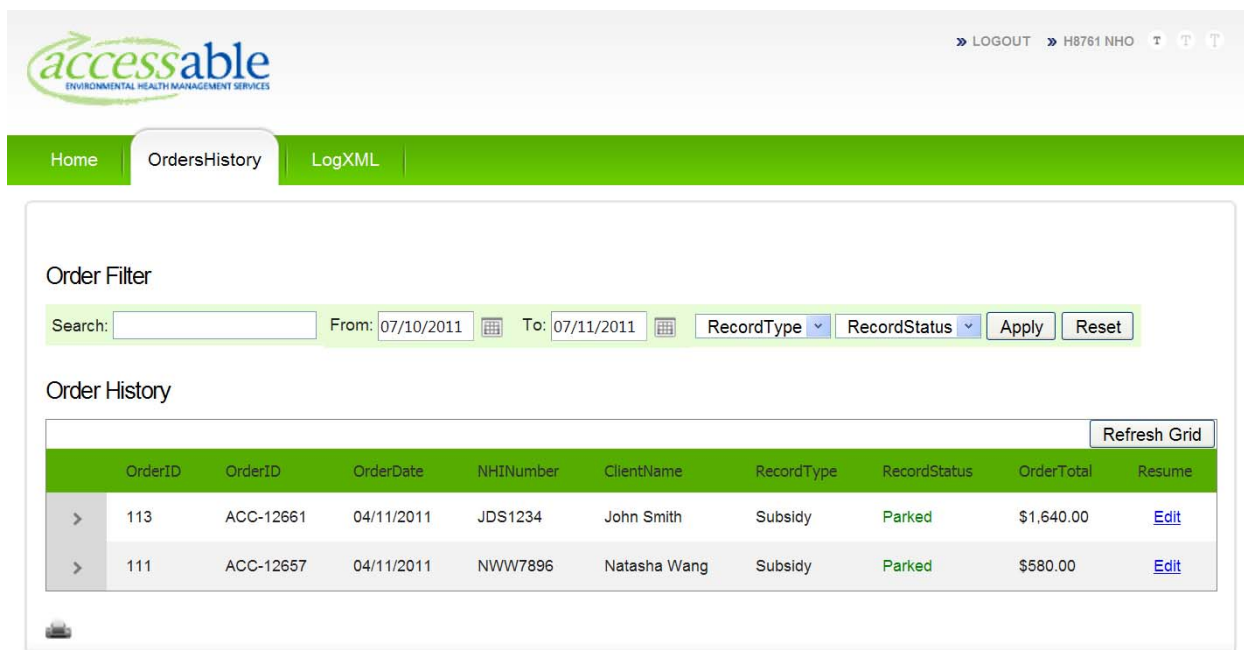
Order Filter

Search: From: 04/10/2011 To: 04/11/2011 RecordType RecordStatus Apply Reset

Order History

OrderID	OrderID	OrderDate	NHINumber	ClientName	RecordType	RecordStatus	OrderTotal	Resume
114	ACC-12663	04/11/2011	JDS1234	John Smith	Subsidy	Submitted	\$1,640.00	
	Model	SicCode	Manufacturer	Ear	Price	Quantity		
	360+ BTE	UNI0001	H8759 UNI	B	\$1,640.00	1		
113	ACC-12661	04/11/2011	JDS1234	John Smith	Subsidy	Parked	\$1,640.00	Edit

In the next screenshot we now see an Administrator view (H8761 NHO). They can see all the Parked orders only. To add an invoice all they have to do is click on “Edit” next to the order.



accessible
ENVIRONMENTAL HEALTH MANAGEMENT SERVICES

» LOGOUT » H8761 NHO T T T

Home OrdersHistory LogXML

Order Filter

Search: From: 07/10/2011 To: 07/11/2011 RecordType RecordStatus Apply Reset

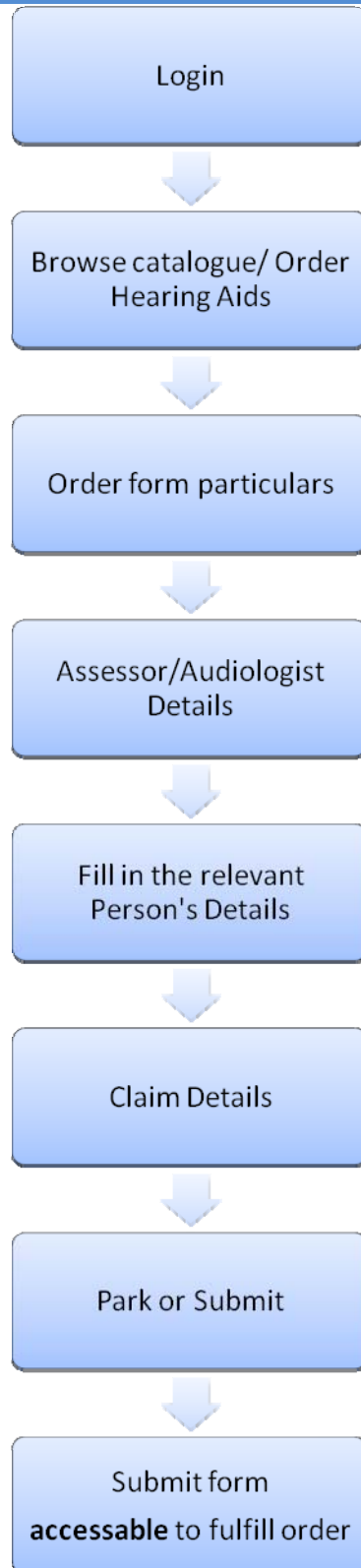
Order History

Refresh Grid

	OrderID	OrderID	OrderDate	NHINumber	ClientName	RecordType	RecordStatus	OrderTotal	Resume
>	113	ACC-12661	04/11/2011	JDS1234	John Smith	Subsidy	Parked	\$1,640.00	Edit
>	111	ACC-12657	04/11/2011	NWW7896	Natasha Wang	Subsidy	Parked	\$580.00	Edit

From there it will take them back to the eReferral form and they simply add in the attachment (*Refer to Add Attachments section*). They can then submit the form to **accessible**. Once they have submitted it to **accessible** it will disappear from their Order History, and in the audiologists Order History it will change from “Parked” to “Submitted”.

QUICK STEPS TO FORM SUBMISSION (FLOW CHART)



FREQUENTLY ASKED QUESTIONS (FAQ'S)

Q: How do I get a User name and password?

A: As an Assessor/Audiologist you will need to ensure that you are registered with Enable New Zealand (0800 17 19 81). Your Username is based on the details that we have. Once we have identified you as an accredited assessor/Audiologist we will send you your Username and a generic password that you can change to one of your choosing.

Q: Why do I need to log in via the catalogue?

A: To make the process more efficient, there is one login point for both the catalogue and the browser. The Catalogue is also a place that stores your past history where you can check any orders you have made through this system.

Q: Why does my eReferral Form empty when I click the back button on my browser?

A: The "back" button on your internet browser should not be used in any instance. To safely go back to the On-Line Catalogue select this button displayed on your eReferral Form. See contents "[Navigate through eReferral Form page](#)" for further information.

Q. What is the Product Number?

*A: This is **accessible's** internal product code. The first three letters refers to the type of product, the next two letters refers to the Manufacturer, after is the Manufacturers own code for that product.*

Q. Who can I contact if I have any questions relating to the accessible eReferral Forms?

*A: For further assistance please contact **accessible**. Contact details are provided on the [contact details page](#).*

Q: Confirmation of order from accessible

A: *After submission, you should receive confirmation that your order has been received by accessible via email within 2-5 working days.*

Q: What if I want to add to this order after submission?

A: *Unfortunately once your order has been submitted it clears the order and sends it to your past order history. You will have to create a new order.*

Q: Where can I access my history of what I ordered for my client?

A: *Login to the Catalogue. Along the top you will see three tabs, Home, Order, and OrdersHistory. Click on 'OrdersHistory'. Your past orders are located here.*

CONTACT DETAILS FOR HELP DESK

Tim Choy OCO Administrator	Phone: 09 620 1700 ext 815 Mobile: 021 231 9538 Email: tchoy@accessible.co.nz
Allan Smith OCO Manager	Phone: 09 620 1700 ext 823 Mobile: 021 959 397 Email: asmith@accessible.co.nz