6.78 Release Notes

Last Modified on 17/02/2022 8:49 am ACDT

About this Release

In each release there may be new features and functions that require one or all of the following:

- · Purchase of a module to access
- · User Training
- · Specific process to be used to ensure the correct functioning

Please read the release notes and the corresponding manual pages to ensure that you understand the changes being made, what module they are associated with, and how they impact your business processes.

If you have any questions about anything in a release, please contact support either by phone or through a Redmine ticket.

Release Notes for CareRight 6.78

Enhancements

Medicare Requests > Improved Error Display

If Medicare reports errors for a claim, they will be shown next to the relevant medical event (voucher) and service when possible. This feature is only available when using Medicare Web Services. Example:

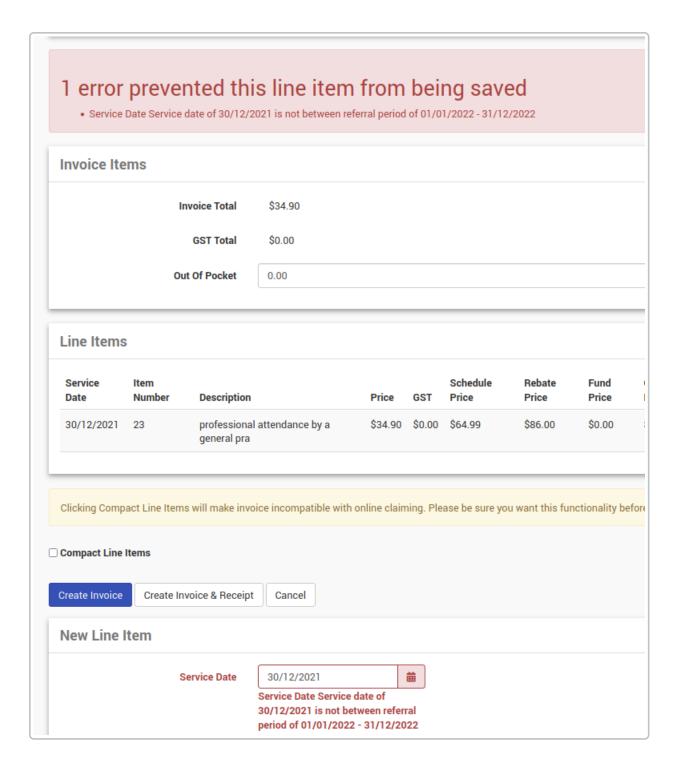
Medical Event Date	2021-12-08
Service ID	0001
	erride Indicator is set to Y (Not Duplicate) then Medical Event Time or
additional information in service text is required to support the	reason for the override.
	reason for the override. 10000
additional information in service text is required to support the Charge Amount Duplicate Service Override Indicator	

Medicare > Warning on issues with Referral vs Service Date

Full article:

CareRight User Manual: https://careright.knowledgeowl.com/help/invoicing-from-accounts

To avoid submitting an incorrect item, the system now warns when dates do not match up as expected.



Medicare > IHC > Type of Care

Full article: CareRight User Manual: https://careright.knowledgeowl.com/help/ihc-thelma : https://careright.knowledgeowl.com/help/ihc-eclipse-claiming

In IHC claims, the "Type of Care" field is now mapped from the Admission using HCP 1100 instead of the previous HCP 0900 coding.

For example:

- "Acute Care" previously mapped to "10", now it maps to "1" in the claim
- "Rehabilitation" previously mapped to "20", now it maps to "2" in the claim

Before:



Now:



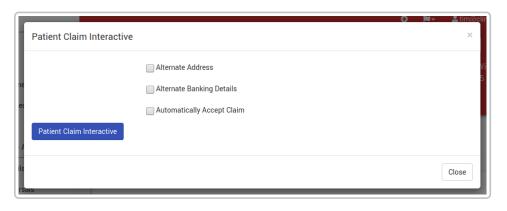
Medicare Web Services > PCI > Automatic Acceptance

Full article:

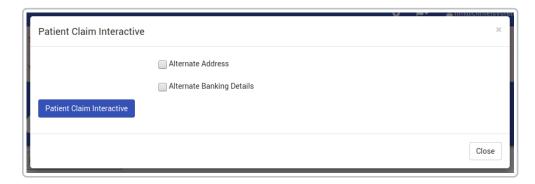
CareRight User Manual: https://careright.knowledgeowl.com/help/send-pci-claims

Users no longer need to choose *Automatically Accept Claim* when configured to use Medicare Webservices, or in the event of an error, repeat the claim selecting this control.

Before:



Now:



Medicare Web Services > Multi-Patient or Field Quantity Items

Full article:

System admin Guide: https://careright.knowledgeowl.com/help/items-with-unit-modifier

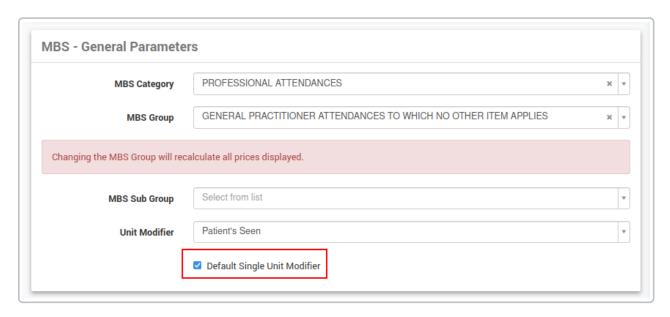
If you have items that are included in online claims which:

- Send "Number of Patients Seen" or "Field Quantity" in the claim
- Are for a single patient or field
- Do NOT have a unit modifier of "/1" in their item name

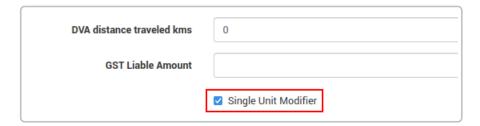
Example: You have a multi-patient item for a single patient named "24" instead of "24/1"; or a multi-field item for a single field named "15272" instead of "15272/1".

An item like this would previously sent "Number of Patients Seen = 1" when using the client adaptor. However after upgrading to Web Services, this item will not send the number of patients or field quantity correctly resulting in rejected claims.

To fix this, we recommend creating a new item with the unit modifier of "/1" included in the name. However to continue using the existing item, there is a new option on the Item:



There is also a check-box on the Line Item which causes the item to be claimed correctly. For new invoices it will default to the default value from the Item configuration:



Note: This option does not affect items that already have a unit modified in their

Custom Imports > Select all controls

Full article:

System admin Guide: https://careright.knowledgeowl.com/help/imports1

CareRight User Guide: https://careright.knowledgeowl.com/help/imports

When importing, you can now select all records rather than one by one



Grouper Plus Content Services (GPCS+) > Updated to 2021.3.2

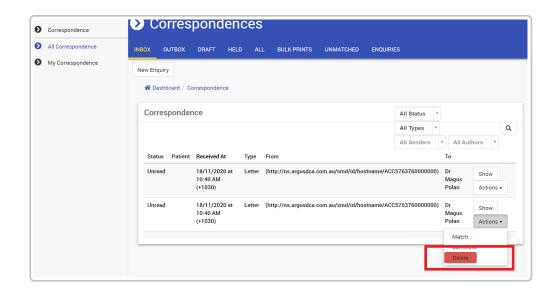
CareRight now has Grouper 2021.3.2. Refer to communications from 3M Health Information Services for more detail.

Correspondence > Ability to delete correspondence received in error

Full article:

CareRight User Guide: https://careright.knowledgeowl.com/help/correspondence-overview

Rather than archive, users can now fully delete certain types of correspondence, for example where a patient's privacy may have been inadvertently breached. This enhances the previous ability to 'Archive' (soft delete).



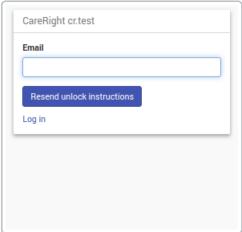
Note: Only those users with Can Delete Correspondence can delete the correspondence.



Security > Improved lockable accounts & cookie settings

CareRight now enforces a maximum login attempt count of 20 attempts. Users are emailed instructions to unlock their account, provided they have a valid email address.





CareRight now configures cookies to be stricter, particularly when a site is configured with SSL enabled, in line with industry best practices.

Patient Names in Tabs

Full article:

System Admin Guide :https://careright.knowledgeowl.com/help/global-settings

CareRight now more fully uses your Browser's tab search and naming capabilities, when viewing areas of the system.

This enables the user to differentiate multiple tabs open at the same time.

The global setting Patient Browser Tab Name needs to be set to MRN and Name for this.

Patient Browser Tab Name

Simply type the name of an already open tab to navigate back to where you were last browsing.



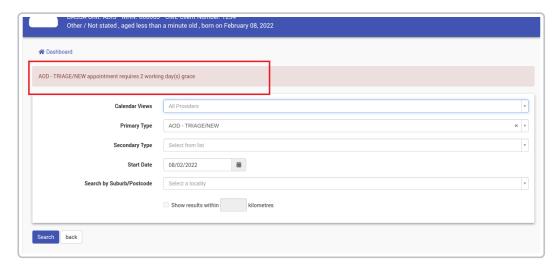
Appointments > Configurable wait time for new patients

Full article:

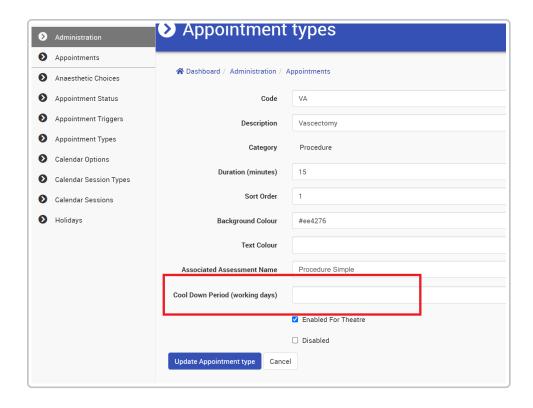
System Admin Guide: https://careright.knowledgeowl.com/help/setting-up-appointment-types

User Guide: https://careright.knowledgeowl.com/help/find-next-available-appointment

A 'cool down' or wait period can now be configured for each appointment types. When set, new patients cannot have an appointment booked in that time frame.



System administrator needs to configure this appointment type with the field Cool Down period (Working Days).



Providers & Locations > Primary External Identifiers

For easier integration with external systems, Providers and Locations now feature a generic 'Primary External Identifier'. This allows for systems where CareRight is not the source of truth to be easily linked to these entities.

For a Location



For a Provider

