

## 6.81.1 Release Notes

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### 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 6.81.1

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## Major Features

### Patient Export

*CareRight now support a Patient Export capability. Click [here](#) to view the Guide.*

This feature enables the following:

- Export a patient record for a doctor leaving the practice to retain a copy of their details
- Export a patient record to provide to a patient requesting access to their own medical records
- Export a patient record when required to send a copy of medical records to

System Administrators must enable this via the *export patient details* system permission.

Mr Test Test Test NOTICE Clinical Redmine Vitro

MRN: 000546 CRN: 999998 ERN:  
Male , aged 52 years , born on January 01, 1970 , never admitted

Edit OPV Print Label Print Merge Form Print HC21 Print Sacr Form New Appointment **Manage**

Dashboard / Patients / 000546: Mr Test Test Test

Merge Patient  
Export Patient Record

**Internal ref:**[93735](#)

## Enhancements

### Invoices Paid (No Claim)

#### *Invoices & Claims > Paid (No Claim) Screen*

A new button has been added to display paid Invoices with No claim. Click [here](#) to view the updated Guide.

In certain scenarios, a patient may paid the entire amount of an invoice, making it difficult to locate the invoice in the system for claiming appropriately.

There is now a dedicated view to assist in locating these:

Invoice claims

Claims Manual Era Payments Manual Batch Payments **Paid (With No Claim)**

**Internal Ref:**[94010](#)

### Due Time picker function

#### *Followups > Add Time Due Time Picker Function*

A new field has been added to Tasks. This will allow a user to set a Due Time for the task. Click [here](#) to view the updated Guide

### New Task

**Patient/Contact**

**Assigned To**

**Note**

**Start Date**

**Due Date**

**Due Time**

**Internal Ref:**93875

*Follow-ups now have an optional Due Time.*

### Edit Followup

**Start Date**

**Due Date**

**Due Time**

## Admission Categories

*System Administration > Admission Categories > Ability to hide irrelevant sections*

### Admission Category

**Code\***

**Description**

☒ Default attending doctor to admitting doctor during admission

☐ Enable multiple theatre visits during admission

☐ Allow paper based IHC claiming without a DRG code

☒ Hide Procedures

☒ Hide Miscellaneous Service Codes

☒ Hide Births

☒ Hide Leave

**Type C Certificate\***

**General ledger audit code**

☐ Archived

☒ Requires Medical Invoicing

Internal Ref:93986

## Paediatrics validations

*Admissions > Paediatrics > Improved validations*

To prevent invalid accidental input, numeric validations have been improved in certain admission fields.

Paediatrics	
Infant Weight	<input type="text" value="-20"/> Infant weight must be greater than or equal to 0
Number of Qualified Days for Newborns	<input type="text" value="-1"/> Newborn qualified days must be greater than or equal to 0
Special Care Nursery Hours	<input type="text" value="-100"/> Hours in Special Care Nursery must be greater than or equal to 0
Days in Special Care Nursery	<input type="text" value="-5"/> Days in Special Care Nursery must be greater than or equal to 0
Special Care Nursery Charges	<input type="text" value="-200.10"/> Special care nursery charges must be greater than or equal to 0

Internal Ref:93999

## Reference field Relabelled

*System Administration > Guarantors > Relabelled "Reference" field*

The Reference field is now more accurately labeled as Default Fund Payee ID (IMC).

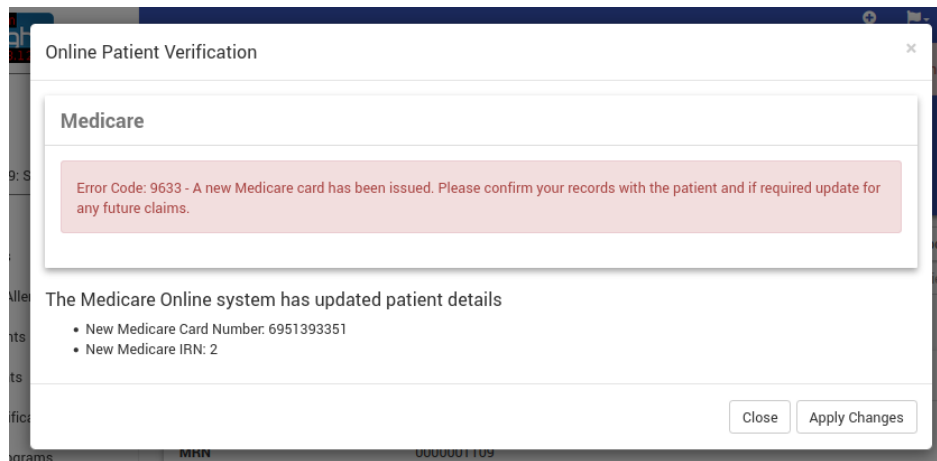
Claiming	
Rate	AHSA
Outpatient Rate	AHSA
Claiming Method	Paper Based
Day Hospital IHC claiming	No Claiming
Other IHC claiming	No Claiming
Default Grouper Version	
All services are taxable supplies	No
Default Fund Payee ID (IMC)	
Default Hospital Claim Type	Agreements
Default Hospital Consent	Verbal
Medicare Participant	

Internal Ref:94002

## Medicare claims resubmission for new medicare card

*Allowed resubmission of claims for new medicare card scenarios*

In the circumstances a different medicare care has been issued, previously this was considered a 'rejected claim'. You can now simply adjust the details and resubmit.



Internal Ref: [94094](#)

## QHAPDC > SNAP & Palliative file generation

The system now captures and exports Palliative correctly in all cases.

First Admission For Palliative Care Treatment	No previous admission for palliative care treatment	x v
Previous Specialised Non-Admitted Palliative Care Treatment	Patient has no previous non-admitted service/contacts for palliative care treatment	x v

Where required., QHAPDC SNAP details are captured:

SNAP	
SNAP Episode Number	111
SNAP Type	Palliative care x v
SNAP Episode Start Date	16/06/2022
SNAP Episode End Date	16/06/2022
AN-SNAP Group Classification	
Multidisciplinary Care Plan Flag	Yes x v
Multidisciplinary Care Plan Date	16/06/2022
QHAPDC Proposed Principal Referral Service	Not stated/unknown service x v

Note there are [important limitations](#).

## Defects & minor enhancements

- Re-enable permit create option on published assessments
- Process a payment through tyro label should enable/disable checkbox
- Process a payment through TYRO shows up even when you have no valid terminals.
- View provider calendar - header - no longer shows dropdown
- Improved monitoring and alerting for API Server , ClamAV
- Further improve expired support logins to not ask for password changes

**Internal Ref:**94049

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