6.87 Release Notes

Last Modified on 17/04/2023 12:29 pm ACST

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 6.87

In this article:

- Major Features
 - ePrescribing
 - Pathology & Radiology > Overhaul of user experience (Pilot)
- Enhancements
 - Patient Tracking > Improved Bed Tracking
 - Medicare > Implement reprocessing for medicare web services
 - Uninvoiced Hospital Admissions > Now displays both attending and admitting doctors
 - System Admin > Lookup Tables > Preview dataset
 - System Admin > Accounting > Rate Definitions > Improved support for Minimum Benefits Private Health Insurance (Benefit Requirements) Rules 2011
 - System Admin > Accounting > Rate Tables > Allow multiple procedure rule/multiple operation rule/multiple theatre rule to be specified on private accounts
 - Online Booking > Providers > Ability to manage a public profile
 - Online Booking > About to manage a public profile
 Online Booking > Assessments > Dynamically calculate booking fee based on assessment
 Online Booking > Appointments > Only offer Morning / Afternoon slots
 Patient Interactive Module > Customisable templates

 - Appointments List > See numbers of outgoing and incoming SMS
 - Patients > Addresses > Ability to delete Addresses created in error
 - Admissions > Billing > Ability to associate a billing assessment
 - Defects & minor enhancements

Major Features

ePrescribing

CareRight now implements ePrescribing to the 3.0.1 conformance profile. As this functionality is subject to certification and a notice of compliance, this is available only in test builds, but will be more broadly available soon.

Customers wishing to prepare for ePrescribing are encouraged to review their Health Identifier Service setup, including NASH certificates.

Pathology & Radiology > Overhaul of user experience (Pilot)

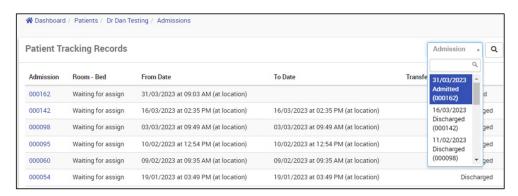
We have reviewed the typical experience when using the CareRight pathology and radiology views, and in limited test environments will be making this functionality available for customer feedback; before rollout to the wider group.

Internal ref:97084

Enhancements

Patient Tracking > Improved Bed Tracking

CareRight has improved bed tracking and record keeping, for scenarios where a patient may transfer between beds over a longer stay.



This capability is also exposed to datasets, allowing for historic bed occupancy reporting.

```
Patient trackings

from_datetime

to_datetime

Patients

mm

Beds

code as bed_code

description as bed_description

gender as bed_gender

Rooms

description as room_description

gender as room_code

Locations

description as location_description
```

Medicare > Implement reprocessing for medicare web services

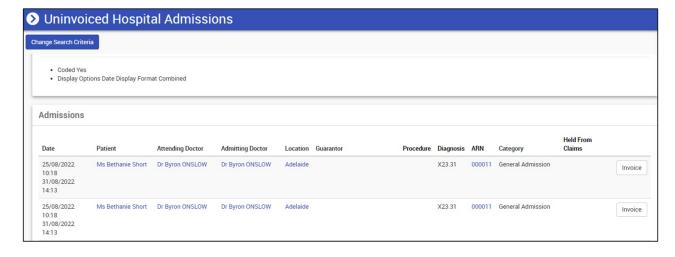
Where an issue has occurred, it may be required to reprocess a specific medicare web services response.

Similar to the previously available reprocess button, this feature now works for Medicare Web Services responses. Prior to this release, it was only available for legacy Eclipse Adapter responses.

Internal ref: 98995

Uninvoiced Hospital Admissions > Now displays both attending and admitting doctors

Uninvoiced medical admissions additionally displays the admitting doctor.

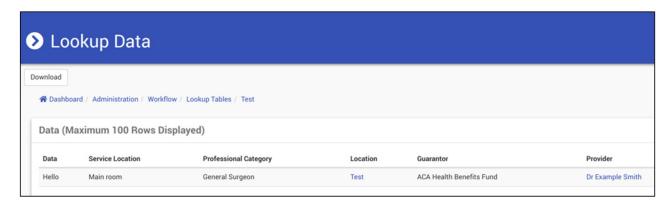


Internal ref: 98539

System Admin > Lookup Tables > Preview dataset

The system now will show friendly names of locations, guarantors, providers, service_locations when previewing.

On CSV download, it continues to show the raw identifers (location_id, guarantor_id, etc)



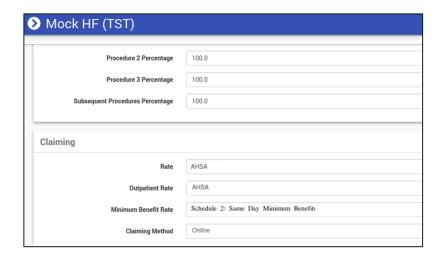
System Admin > Accounting > Rate Definitions > Improved support for Minimum Benefits - Private Health Insurance (Benefit Requirements) Rules 2011

Where your organisation performs procedures which fall under:

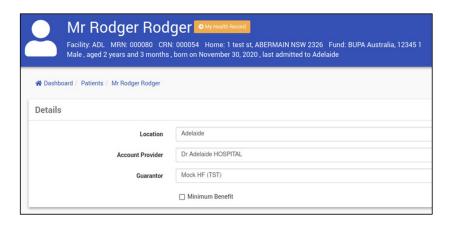
- Schedule 1 Overnight accommodation: private hospitals in all States/Territories and shared ward accommodation at public hospitals in Victoria and Tasmania
- Schedule 2 Overnight shared ward accommodation for private patients at public hospitals in the Australian Capital Territory, New South Wales, Northern Territory, Queensland, South Australia and Western Australia
- Schedule 3 Same-day accommodation: hospitals in all States/Territories
- Schedule 4 Nursing-home type patient accommodation: hospitals in all States/Territories
- Schedule 5 Second-tier default benefits

We have made improvements in being able to specify the precise rate definitions you wish to model.

Example: A guarantor with Schedule 2 Overnight shared ward accommodation rates set



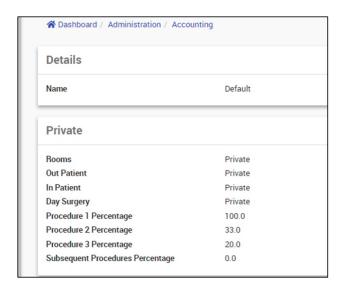
Example: A patient account where there are known restrictions, and minimum benefits will be required



System Admin > Accounting > Rate Tables > Allow multiple procedure rule/multiple operation rule/multiple theatre rule to be specified on private accounts

Where your organisation charges a private rate but also applies a multiple operation rule, this can now be configured for patients who are funded via a private account.

This also ensures where a location is a Second Tier Private Hospital and performs multiple procedures a second-tier funding arrangement will correctly calculate.

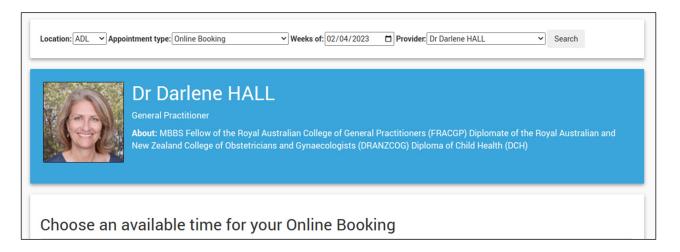


Online Booking > Providers > Ability to manage a public profile

For customers using Online Booking, you can control the amount of information you want to provide to potential patients via a provider profile.

You can now:

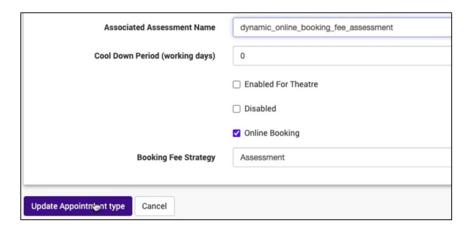
- Specify a public facing name, ie: "Dr Smith"
- Specify specialties
- Biography or important information for patients (ie: languages spoken or experience)
- Provide a photo
- Provide qualifications



Online Booking > Assessments > Dynamically calculate booking fee based on assessment

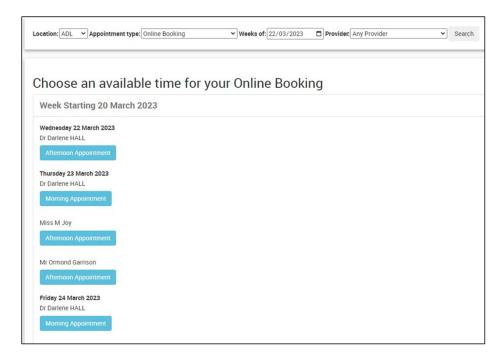
CareRight supports custom assessments with online booking. For customers also enabling stripe, we now provide two methods of determining a booking fee.

- Fixed
- Assessment based
- This allows you to engage with your patient and provide more accurate up front fee scheduling based on fully customisable criteria, such as:
 - Level of cover and expected rebates
 - $\circ~$ Indicative complexity of treatment needs based on patient health questions & answers

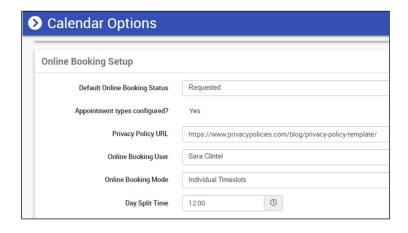


Online Booking > Appointments > Only offer Morning / Afternoon slots

Where your practice needs to maximise the utilisation of specific resources - ie, theatre; it is possible to configure your online appointments to offer the *Next available appointment* in a morning or afternoon period.



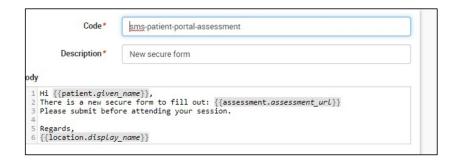
This can be configured in Calendar Options.



Patient Interactive Module > Customisable templates

Patient interactive module share by SMS, share by Email links can now have a customised template in HTML.

See Substitution Variables for SMS and Email Templates

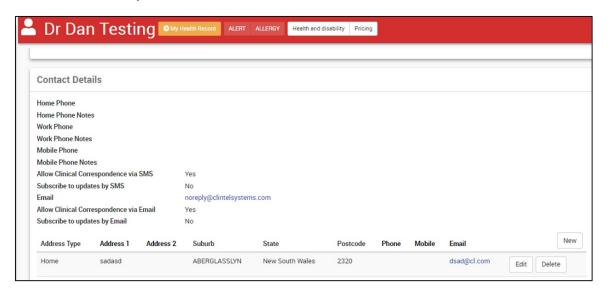


Appointments List > See numbers of outgoing and incoming SMS

We have re-added the counts of outcoming and incoming SMS messages to the appointments list, for teams that manage booking and scheduling via this view.

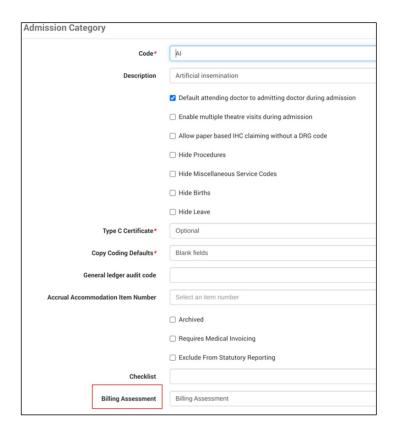


Patients > Addresses > Ability to delete Addresses created in error



Admissions > Billing > Ability to associate a billing assessment

Where an admission requires automated billing, you can now design an interactive billing wizard and associate it with an admission category.



This now presents a new option on the uninvoiced admissions list:



And where **confirmed admission billing** is enabled for the location as well, it is available from within the Admission itself.



Defects & minor enhancements

- Accounting
 - System Admin > Accounting > Guarantors do not select a default rate
 - Reallocation of a receipt ensure timezones are set correctly

- o Invoices IMC Claims Dont allow reversing an IMC invoice if waiting on a response from medicare
- Maintenance Batch accounts (list views, confirm and send)
- o Admin > Items > Edit Item > Can't update item number
- New quick account only show active medical_provider_service_locations in for_service_location selections
- MPR and excess or copayment calculate method differs between trigger script approach, backend invoice approach leading to inconsistent billing

Patients

- Patients Advanced Search Ensure pagination
- Referrals Avoid crash on length of referral not being properly set
- o Referrals Remove incorrect Invoice deletion checking behaviour
- NoMethodError: undefined method `guarantor_id=' for #<ActiveRecord::AssociationRelation []> activerecord
 (6.0.6.1) when creating via HL7 patient API
- QHAPDC Ensure we support qualification status when care type is new born

Medicare

- Handle receiving negative number in ERA payments
- Allow users to time out stuck requests
- Adjustments to licencing metrics APIs

• Security & Maintenance

- o Decommission old specialist API endpoint
- Maintenance Correspondence navigation
- System Clock not Synchronized error on Administration access
- Locations > Advanced Search on SQL Server does not correctly perform distance calculations.
- Correspondence > Letters > Replacement Variables > Time error for the replacement variable { Recent
 Observations }

• Online booking

- Fix showing extended appointment hours (outside operating hours)
- Online booking (and all new patient APIs) Ensure we fire a patient created trigger.

Appointments

- Appointment emails Includes location address in calendar invite
- Fix ActionView::Template::Error: undefined method `strftime' for nil:NilClass

Assessments

- Stop assessments creating blank Addresses
- OEC element > Handle more errors
- Trigger scripts > New methods on provider finder, to allow looking up a hospital provider by location or service