6.91 Release Notes

Last Modified on 09/09/2024 2:28 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 6.91

In this article:

Major Features

Overnight and Long Stay IHC Claiming

CareRight is now certified for Overnight IHC Claims.

Enhancements

Assessments > Now support pattern and other attributes

Where an Assessment uses a **Patient Field,** this will enforce the same rules, pattern and usage hints as the wider CareRight UI.

Customers are strongly encouraged to test their core patient assessments

In particular:

- Medicare Number input fields are now limited to 10 characters and basic validations are performed.
- DVA Numbers are matched for a correctness
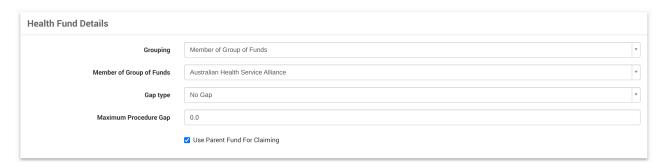- Title attributes appear

Medicare Number: *	295416920	ⓘ
DVA Number: *	Save in 1Password ⚠ Please match the format requested.	
	A valid Medicare Number. This is the 10 digit card number, no spaces	
NDIS identifier *	123456	

3M™ Grouper Plus Content Services (GPCS)- Release Notification v2023.2.2

CareRight now uses Grouper 2023.2.2

Guarantors > Claiming & Claim Contract Set up for a Group of Funds

Where a Guarantor is a member of a group of funds, and your agreements with the health funds are applicable to the **entire group**, you can simply opt in to using a single set of claim contracts at the group of funds levels.

For example, if you had an agreement with the AHSA group, for each fund under their umbrella you can now select   *Use parent fund for claiming*.

Health Fund Details

Grouping	Member of Group of Funds	▾
Member of Group of Funds	Australian Health Service Alliance	▾
Gap type	No Gap	▾
Maximum Procedure Gap	0.0	
	☑ Use Parent Fund For Claiming	

This means you now only have to set up one set of claim contracts for the entire AHSA group.

Where there are newly added funds to the group, with different claim contract setup, simply leave this setting unchecked and Guarantor level claim contracts will take prescedence.
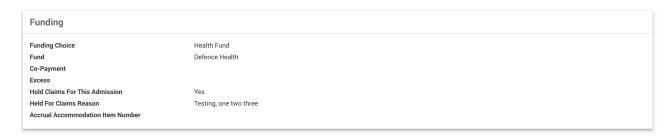
Invoices > See where receipt was generated from more easily

Receipts and Refunds will now show if they are via Eclipse, an Online Batch. This change helps when both the Patient and the Health Fund are contributing to the payment of an Invoice, allowing you to see this at a glance.

Line Item

Service Date	28/10/2022
Item Number	13212
Description	Oocyte retrieval for the purpose of assisted reproductive technologies-only if rendered in connection with a service to which item 13200 or 13201 applies (Anaes.)
Units	1
Price	$400.00
Fund Price	$400.00

Allocations

Date	Statement	Paid	Adjustment	GST Paid	GST Adjustment
30/08/2023	Receipt (via Eclipse Remittance Advice)	$140.00	$0.00	$0.00	$0.00

Admissions > IHC Claims > Held from Claiming Reason

Held for Claims is now located under the Admission Funding section. You can now capture a reason.

Funding

Funding Choice	Health Fund
Fund	Defence Health
Co-Payment	
Excess	
Hold Claims For This Admission	Yes
Held For Claims Reason	Testing, one two three
Accrual Accommodation Item Number	

In the Invoice & Claims *Unsent* screens, you can now see what the reason to hold claims was by hovering over when it was held.

Appointment > Requires Interpreter & Interpret Details

When booking an appointment, if the patient has indicated they require an interpreter; the details are now shown.

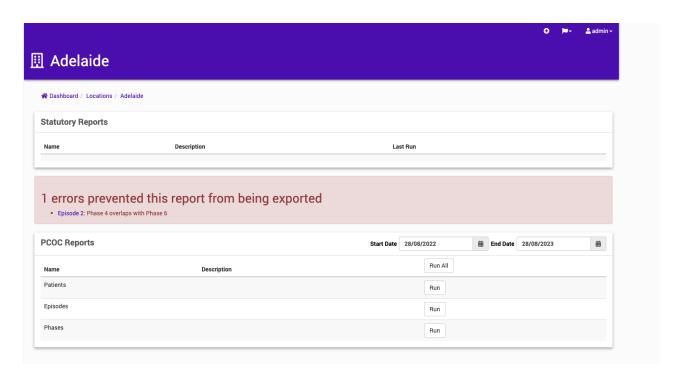|	
MRN*	000049
CRN*	000023
Patient Name*	SMITH, Junee
Appointment type*	C - Day Consultation
Location address	Adelaide 18 Dequetteville Terrace KENT TOWN SA 5067 (08) 8203 0500
Requires interpreter	Yes
Interpreter details	Australian Sign Language

PCOC > Improved Episode Level validations

Where users enter a series of incorrect data when recording PCOC Phases, the system validates this prior to export.

Palliative Admissions > QHAPDC Reporting

Where customers do not perform PCOC assessments but the admission is still considered palliative, PCOC can be opted out of via the Admission category. This allows QHADPC exports to be created, reporting *Not Assessed.*

Note: Customers with existing palliative admission categories must review setup.

Admission Category

Code*	Code B
Description	Admission Category B

☐ 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 Transports

☐ Hide Leave

☐ PCOC assessments conducted

Correspondence Templates > SMS Builder > Ability to toggle fullscreen

Body

```
1 Hi {{patient.given_name}}, a reminder you can call our free 24 hour.
```

Script

SMS
Appointment
Logic
Loops
Math
Text

if ? do Set the appointment...

[Toggle Fullscreen]

Waitlist > Filter by Location

🏠 Dashboard » Appointments

Appointments

| Provider | ▾ | Location | ▾ | Type | ▾ | Reason | ▾ | 🔍 |

MRN	CRN	Patient	Age	Priority	Provider	Room	Waiting Time	Date	Start Time	Waiting Type	Reason	Note	New
000068	000042	Miss Abcd Test	7 months	1	Mr Ormond Garrison	01 - Post op	82d			Waiting	Online Booking		Form ▾

Generic Codes - Export, Append and Replace

Main article: Generic Codes Overview.

CareRight now features the ability to export, replace or append codes.

Generic Tables

Search... 🔍

Code	Description	Default Value	Display		
ADDRESS TY	Address Type	Home	Description Only	Generic Codes	Actions ▾
level ty	address_level_type	Basement	Description Only	Gener	Edit
st suffix	address_street_suffix		Description Only	Gener	Replace
					Append
					Export

OEC Results > Rejected by Health Fund

Now a full OEC report is generated when the health fund rejects, rather than displaying as an error. Timeouts, communication errors, etc still display as errors.

Quote only not for claiming

Location:	CLL00000	Health Fund Cover Details:	ECF1002
Account Reference Id:	A81		Test Health fund (eclipse) TST
		Fund Reference Id:	STS012102
		Fund Name:	Basic Hospital
Patient Details:		Table description:	Hospital cover only
Patient Medicare Number:		Table Scale:	SINGLE
Patient IRN:		Exclusion Description:	
Patient First Name:	Roberto	Financial Status:	Yes
Patient Family Name:	Smith	Excess Amount:	
Pre Existing Condition:	N	Response code:	R
Accident Indicator:	N	Compensation Claim:	N
Accident Date:		Excess Amount Description:	
Outcome:		Excess Bonus Amount:	
Medicare Card Flag:		Benefit Limitations:	
Provider:	9988770W	Co Payment Amount:	
Service:	Assisted Reproductive services or infertility treatments	Co Payment Description:	
Date of Admission:	31/08/2023		
Fund Explanation Text	6298 - Procedure not covered at proposed date of service	Co Payment Days Remaining:	

Additionally, Pre-Existing Condition indicators known by the health fund in the response are now displayed.

Defects & minor enhancements

- Administration
    - Correspondence > Message Types - Don't allow deletion for message types are that active/defaulted, and general UX improvements
    - Correspondence > Message Types - Don't allow unapproved templates, filter by category
    - Admissions > Admission Categories > Setup - Don't allow a field to be marked required and hidden unless a default value is set
    - Antivirus scanning > Can be disabled with warnings by system administrators.
    - Accounting > Services > New, Edit > Review controls for better validations
- Patient Export > Include attachments embedded in clinical notes in export
- Theatre Lists > Anaesthetist selection control - only show active. Show all people in a group, rather than just a category of "Anaesthetists"
- PCOC > Phases > Validations - Fix issue where the first and last phase being the same, with a phase in the middle being different being flagged as wrong.
- Pathology/Radiology Requests > Share by Email control available on view
- Correspondence > Enable lists in the editor
- Share an invoice with a patient by SMS or Email (or QR code) - request partial payment
- Patient Tracking > Avoid showing "Waiting for assign" for discharged tracking records

- Prevent SQL issues with Dataset field names that contain an apostrophe (and anything else that would get escaped in XML - & " ' etc)

- 3M Grouper - SOAP connectivity no longer supported

- Calendar > Only show active locations in location filter

- Invoice > New Quick Account > Only show unique active provider accounts

- Copy Admissions > Procedure Date set to Admission Date when it is older than the target admission.

- HCP (Hospital to Insurer) filename patterns are wrong

Defects & minor enhancements (6.91.1)

6.91.1 features on bug fixes and security updates.

- Fix Type C issue Undefined method attending_doctor

- Fix issue with invoices with no line items

- Bump jsonpath from 1.1.3 to 1.1.4

- Fix unsafe redirect

- Jquery UI 1.13.0

- Fix crash

- If you aren't a staff member, don't show my health record warnings

- Receipt (Batch Payment): Add better label

- Fix HL7 issue - handle empty segments

- Better logging

- Fix NoMethodError: undefined method

- Fix TYRO issue Cannot read properties of undefined (reading '0')

- ActionView::Template::Error: PG::UndefinedColumn: ERROR: column

- Ensure that the fim_scores are saved when creating an IHC claim

- Avoid crash

Defects & minor enhancements (6.91.2)

- Fix Multiday Thelma Claim configuration

- Fix undefined method 'h' for ProviderDirectoryServiceController

- Fix assessments preview, fix copying of modern validation flags on new version

- Add receipt / refund button to a batch claim

- Fix antivirus scanning on image upload not triggering in some circumstances

- Fix NameError: undefined local variable or method 'invoice_hash'

- Fix Enhanced Billing Activity display - mark strings safe

- Fix calendar holidays pagination

- Fix ActionView::Template::Error: undefined method 'code' for nil:NilClass

- System Admin > Move Legal Notices under the System menu

- Fix Do not allow anything aside from money format

- Fix Patient as letter recipient for Contact letter without having address

- Rehabiliation: Non DRG Morbidities (CaseMix codes, Inpatient Modes, etc)

- Admin > Translations > Open this up to users with "Technical Support" as a role

- Remove timer controller

- Capture AROC impairment code

- Add routes to custom drugs and mims

- Support Bundle for Sending SMS from Appointment List View

- Remove join to route of administration for performance

Defects & minor enhancements (6.91.3)

- Fix overnight stay being treated as Same Day admission in some circumstances.

- Fix Calendar holidays pagination

Defects & minor enhancements (6.91.4)

- Fix classification of receipt as batch payment or not in some circumstances

- Fix copy from previous admission vs procedure date when selecting specific previous admission

Defects & minor enhancements (6.91.5 - Unreleased)

- Admin > Prescription Instructions - fix saving notifications

- Admin > System Images - fix AV scanning

- Trigger Wrappers - Add new DateTime *add_minutes* method.

- Correspondence > My Health Record Upload > Fix crash in circumstances where link has no document

- Documents > View > Fix crash where document type has no name defined

- NDE Checking > Fix crash where prescription drug has been removed prior to check running.