practiX 1.35 Build 2.9 Release Notes

1 Licensing

To prevent the unauthorised users, the authentication routine is updated and determines if a site is currently for MIMS / ICPC. This enhancement links the unlock key to a date and all updates until that date are regarded as valid. The following features are added:

- Display license information to User
- Enter new License Codes
- Manage Existing Licenses

2 Secure Downloads

- This functional change enables better control access to the FTP site to allow or deny users access to the FTP site.

3 Medicare Online v6

Migration to Medicare Online V6 is seamless with no visible changes beyond the client opting to use Medicare Online V6 (configured in practice options -> Setup)

The enhancement involves:

- Deployment of the new Medicare Online libraries and files.
- Creation of the new environmental variables
- Migration of the PSI store
- Ensuring that all Medicare online functionality that is available in V5 is available in V6.

4 iSOFT name changes

The numerous references of IBA health in the application and help files are updated. Additionally, new graphics are created and provided to replace the existing ones.

All email contacts and downloads within the application are re-directed to the new addresses.

5 Recalls from Recalls Screen

- The Recall facility helps you to generate recalls for surgery for patients. In the **Recall** screen, you can review, mark off recalls that currently exist and not generate new recalls. You can only generate a new recall in the follow-ups screen.
- In the **Reminder and Recall** screen, click on the **Add New** button to add a subsequent recall from within the **Recall** screen. The **Add New** button is not enabled if the Reminder/Recall list is empty.

6 Download Help file Changes

On running the upgrade exe after downloading the latest user help from our central ftp site the latest help file is replaced by the user help which is packed with the install kit.

7 ACIR - Birth HepB

The first change is to flag an immunisation as ‘Birth HepB’ in accordance with the following criteria:

- The immunisation is given as a scheduled dose (has a schedule number).
- The schedule number ties back to a dose to be administered at 0 months.
- The product administered immunises against only Hepatitis B.

The second change is to check and display a warning message "You cannot administer a birth Hep-B more than 7 days after the patient's date of birth", if the vaccine is given after 7 days from the date of birth.

8 Referral Details

In the Billing screen, when you click the OK button, the system checks for any available referral details.

- If the provider number of the referring contact is not empty.
- No provider number prompt

- If the provider number of the referring contact is not the same as the provider number of the servicing provider.
- Identical provider number prompt

In both the instances, the system prompts the occurrence of the problem and returns to the previous screen.

9 Future Date constraints

This feature helps to check and disallow if you try to bill for a future date while you generate and issue invoices to debtors. You can only bill for a date when the service has been performed.

In the Billing screen, the system ensures that the Request Date field is not empty and the Request Date entered in the Billing screen is not the future date from the current date.

In the event of having any occurrences, the system prompts a warning message as below and the focus is returned to the request date to re enter the date.

Warning Prompt

You cannot enter a future date in the Service Date fields of the following screens:

- Patient Arrival UI à Service Date field à Invoked from Appointment Details à Arrive.
- Billing UI à Service Date field à Reception à Invoked from right click a patient in the waiting room à Bill.
- Multi Service Billing UI Service Date field Invoked from Reception Tools Billing Multi-Service Billing.
- Quick Bill UI à Service Date field à Patient Details à Quick Bill.
-

10 Contingent Items

A new field Item billed in conjunction with… is added with check box in the Billing Rules tab of Item Price Maintenance screen. In this field, you can enter multiple items that can be grouped together for billing. You can separate each billing items with comma. To proceed for billing, at least one item should be present in the list.

Note: If the Item billed in conjunction with… check box is not selected the text field is disabled and cleared.

Item Price Maintenance -> Billing Rules

In the Billing screen when you click the OK button, the system checks whether all the necessary items are available to proceed for billing. If any item is missing, the system displays a prompt as shown below and returns to the Billing screen.

Billing Prompt

The above check is done in all types of billing such as Multi-Service Billing, Auto Bill, Quick Bill and Quote Bill.

The contingent items are unique to the ‘Price’ entry. Different effective date will have different contingent items. In case, if the same item code is entered in the billing form the system will continue to bill the item.

11 Audit Records – Demographics

The system helps you to search audit records and display the respective audit information in the following screens:

- Patient Demographics
- Debtor Demographics

The Patient Demographics Audit and Debtor Details Audit View screens contain common new options as follows:

- Modified by: Shows the windows user recorded as modifying the patient/debtor record. Modified Date: Shows the date of modification took effect on.
- Navigation buttons (<< and >>): Loads the next or previous chronologically created patient audit record for the debtor. If there are no further records created, then the navigation button is disabled.
- The In-active check box is selected, if the selected audit record is an inactive one and the checkbox is in disabled state. This is mainly to track why the patient/debtor is not found on previous searches.
- The OK button closes the patient audit details screen.

Patient Demographics Audit – View Screen

The Patient Demographics Audit – View screen contains new options as follows:

Ø Clicking the Details button for the File Number helps to display a screen similar to the function of clicking that button if you are in the Patient Details screen without the Save button.

Ø The Details button of Debtor Name is disabled, the Next of Kin and Employer is enabled.

Debtor Details Audit – View screen

The newly added options specific to the Debtor Details Audit – View screen are:

- The Additional Information tab is enabled and the options in the tab are disabled.
- The Name Type option in the General tab defaults to the selected value by disabling the button.
- The Setup tab is disabled.
-

12 iSOFT Health Communications

Items that occur, that we should advise our clients of. These may range from the availability of downloads and updates (practiX specific), market related updates (primary care specific) or general information to be published by isofthealth. Currently however, there is no easy means of us to get in touch with our client base as a whole with any degree of reliability. This has led to faxes, mail outs and phone calls to clients with varying degrees of success and effort on behalf of the CBU staff.

This enhancement allows practiX site to connect out to a central download location and receive notifications and communications from isofthealth.

The Download Communications option helps you to enter the download communications time in the Opt 7 tab of the Site Options screen and notify the user about the number of notifications downloaded using the Notify drop-down box.

The Download Communications Time of day option in the practiX Service screen helps to notify new notifications, when downloaded, excluding the earlier downloaded notification.

To navigate to the isofthealth Notifications screen, click isofthealth Notifications from the Administration -> Practice Management -> Other.

This notification window displays the downloaded notifications from the central FTP site in the descending order of the published date, that is the new notifications are listed first. The highlighted notification contents are displayed in the second half of the screen. The default selection will be the first notification.

Notifications viewing screen

Option	Description
#	Notification number.
Subject	Brief information about the notification.
Downloaded	Downloaded date of the notification.
Published	Date of publication in the isoft ftp central site.
Close	Closes the screen.
Download	Opens the Re-Download Notification screen.
Skip	Opens the Skip Notification screen.
Delete	Deletes the downloaded notification from the list.
Last Download	Date when the last download occurred.

Download

You can download notifications either by date order or by specifying the notification number. On selecting In Date, range or Specific Notification the other field is disabled.

You can also download by selecting the from and to date or entering either the From or to date for download. If the from date alone is entered, the notification is downloaded from the entered date to till date. If to date alone is entered, the notification is downloaded from the date prior to the entered date. On selecting the Specific Notification option, the selected notification alone is downloaded.

Click the Download button. The system downloads all the notifications that are not already available considering the specified criteria. If the existing notification is downloaded again, the system displays the message that the notification is already available and the focus is returned to the Date or Number field.

Skip Notifications

You can skip notifications either in date range or by specifying the notification number. On selecting In Date range or Specific Notification options, the other field is disabled. Click the Skip button.

If the skip is done on the date basis, the date referred here is the published date of notification.

13 ACIR Community Code

A new field Patients Community Code is added in the Immunisation Screen to assign ACIR community code to patients. The Patients Community Code field accepts up to 5 alphanumeric characters except for the special characters including spaces and is case-sensitive.

Note: This field is enabled and is available only for the patients belonging to Northern Territory.

14 Anaesthetic Durations

The system enables you to record the time duration of anaesthesia item.

However the anaesthetic duration (which is determined from the start to finish on the anaesthesia form) recorded is not shown to the user in front-end. This change caters to include the time duration displayed against the base anaesthesia item in hours and minutes represented by HH:MM.

Anaesthesia Duration – Mentioned in the Item Additional Details screen

15 Proxy Configuration

Two new fields Proxy Username and Proxy Password are introduced in Option 9, which accept 20 alphanumeric characters on each field.

16 Fund Payee ID

In the User and Provider Setup screen, the system displays the Health Fund Provider Numbers table. This table displays details of the health funds defined in Administration + System Configuration + Patient Options + Health Funds.

Some Health Funds require a 'Health Fund Provider Number' with Fund Payee ID, supplied by the Health Fund, be printed on invoices and receipts etc.

17 Health Fund UPI

In the Patient Details screen, you can enter the value upto two digits in the UPI text box of the Fund Member No. field.

18 DVA Paperless

The functionality of submitting the claims in HOL Classic Logic pack is changed to HolDVA logic pack via Medicare Online V6. The transmission occurring through the logic pack of 6.1 is DVA paperless (Streamlined).

The system helps to submit Department of Veteran Affairs (DVA) paperless claims. In the DVA Extra Information screen, enter the condition in the Condition Treated field for which the patient was treated and select the location of the treatment in Treatment Location (other than rooms) from the drop-down box. If the service is performed in hospital (from the billing screen), then the Treatment Location defaults to Hospital, otherwise defaults to Rooms.

DVA Extra Information / DVA Mileage screen

In the DVA Extra Information screen, enter the condition in the Condition Treated field for which the patient was treated and select the location of the treatment in Treatment Location (other than rooms) using the following relevant options listed in the drop-down box:

- Home Visit (V)
- Hospital (H)
- Rooms (R)
- Residential Care (N)
- Comm. Health Centre (C)

If the service is performed in hospital (from the billing screen), then the Treatment Location defaults to Hospital, otherwise defaults to Rooms.

DVA Reports

Health Prac service voucher (DVA 1216) – Prints when the service is originally billed. This is done on the completion of the bill form. This is replacement to the DVA Assignment form.

DVA 1216 Report

Claim for Services (DVA D1217) – Prints out the services that are batched into the claim that is Released from Work Review / Release. This replaces the dvaclaim / dvaclaimhicol when doing DVA paperless.

DVA 1217 Report

19 Splitting Vouchers - Bulk Billing

The change affects only the Medicare online claiming and billing process.

At the time of billing, the items within the voucher are re-organized as follows:

1. Items that do not require a referral or a request.
2. Items that are marked as requiring referral information. These items are referred as Referral items.
3. Items that are marked as requiring request information or any item that is flagged as one of the following item types:

    Diagnostic Imaging (Referred)

    Diagnostic Imaging (Non-Referred)

    Radiation Oncology

These items are referred as Request items.

The voucher contents are examined during creation of vouchers, to check if there are request items and referral items in the invoice. If so, then the vouchers are split into multiple vouchers for the transmission process. If there is no request items or referral items, then the invoice is transmitted on to a single voucher without issue.

Even though Diagnostic Imaging – Non-Referred and Radiation Oncology items frequently do not require a request, other requirements of their invoicing frequently make them incompatible with referral items, requiring them to be considered as Request item.

In the Modify Item Prices screen, the drop-down list Requires contains options namely, Neither, Referral and Requires help to identify the type of items for invoicing.

20 Radiation Oncology - No request Details

An invoice is not created for a Specialist provider currently, if it has radiation oncology items present in the invoice but has no referral details associated with the item. The enhancement removes the restriction and allows the user to bill a radiation oncology type items using the No Referral Required button i.e. when the system prompts the user to have a referral for the item to be billed. User can navigate to the Referral screen and manually click the No Referral Required button, so that the invoice is generated without having a referral for the same. Any radiation oncology item that is created or billed changes the requirement of an invoice and requires a request as opposed to a referral.