1 Version 5.72

Version 5.72 includes minor updates only, the notable ones being ...

- Fixed an error where copayment accounts were printed with the reminder header instead of the standard header.
- Added a function to manage ERAs where there were more than 50 payments in a single payment advice.
- Modified the Schmik functions to avoid 'write conflict' errors when remote data is updated.

COMPLETE LIST OF UPDATES

ECLIPSE

- When one payment advice includes multiple ERAs, each ERA is recorded separately. The sum of the individual payments is put into the batch payment, instead of the total DepositAmount of the payment. If a duplicated PaymentReference is found when retrieving ERAs, this is ignored if the ERA PartTotal is greater than 1. If the sum of the individual payments for a standard ERA does not match the total, a message is given. The multiple batch payments are not linked in any way. Searching on the payment reference (Bank field) will find them.
- Printing an ERA for a multi-ERA payment, will show the batch total in addition to the the Deposit amount. However it won't include a reference to the other ERAs which form the total payment.
- Java, Easyclaim and PKI login errors shown without having to view the Eclipse log.
- A warning message is given if users enter hic.psi filename into PKI folder field.
- When the provider is changed in the Eclipse menu, the listbox is cleared and hidden.
- When the Location ID is changed in the Eclipse setup form, it is also refreshed in the displayed menu field.

SCHMIK

- Adjust functions to ignore records in BillUpdateTable with NewRecordFlag=2. (AA will only process records where NewRecordFlag is Null, 0 or 1.)
- Don't show a warning for copayments with NRMA & SGIC/SGIO.
- If patient's age is initially blank, don't show message when it is updated.
- Postcode for suburb/state is checked. If different it is updated and a message is given. If no postcode, it is entered. If no state, default state entered. No message given if state/postcode initially blank. (Allows user to enter suburb and have AA find postcode. Note that for suburbs with multiple postcodes, the highest is entered and a message is given.)
- Ensured that LastUpdated field is updated 1) general data entry/items entry 2) when opening data file and automatic status changed done 3) when accounts or copayments printed 4) when sending Eclipse claims or retrieving reports 5) when the Schmik updates are processed.

BUGS FIXED

- Fixed a bug where the Copayment account showed the reminder header instead of the standard header.
- Changing between MBS and RVG items tabs may cause Invalid Null error if ShowMyOwnFee is blank.

- Saving second address to lookup table with surname > 40 characters caused 'Field too small' error.
- Minor cosmetic adjustment to error message box.

2 Version 5.71

NOTABLE CHANGES

- Added functions to streamline entering Fund Payee IDs for HBA and other funds.
- Fixed formatting where payment amounts of greater than $1000 were cut off on receipts.
- Remove copayment warning for MBF Alliances (NRMA, SGIO, SGIC) since copayments are allowed.
- Multiprovider search form allows selecting which fields to display, and includes an export to Excel function.
- Function to list all payments for tagged accounts (List of Payments > Select > for tagged accounts).
- Removed the ability of the user to delete transmitted Eclipse claims, to avoid problems with returned reports not being matched to claims.

MINOR UPDATES

- Edited #UF (undiscounted fee) field code to show correct fee if no discount is applied. Added new code #GU to show gap between undiscounted fee and Medicare schedule fee.
- Added prompt to the certificate expiry date on the Eclipse menu to explain how to refresh it.
- Adjust Schmik synchronization to capitalize name and address if appropriate.
- Added Select Provider option to Tools menu on Batch Payments List All screen.
- Specific message given if surgeon or hospital provider number in lookup table too long. Similar if surgeon or hospital added to account when provider number is invalid in the lookup table.
- Prevented Null GST values being stored in Batch, Misc or online payments.

MISC BUGS FIXED

- Web update could fail for clients further down the alphabet (change integer to long data type).
- Corrected item ordering so that items with no item number appear last.
- Payment Summary report may not show up if there is a payment with blank GST.
- Extensive service text in multiple items could stop claim being stored.
- Deleting a payment report (ERA or BB) did not recalculate the amount owing.
- 'Overflow' error in Eclipse AddToLog procedure if record being added simultaneously by another user.
- Invalid null error if Goto field cleared in MBS book.
- Invalid null error if batch payment entry made with no account number. Also prevented saving distributed payment without an account number.
- Schmik sync error with M4 modifier if no health fund specified.
- Messages in Error reporting box could be truncated if the message text included the @ symbol.

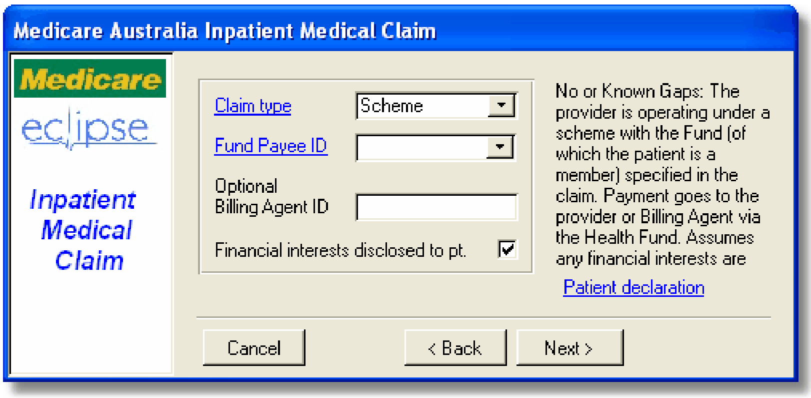
2.1 Fund Payee IDs

HBA assigns providers with a 'Practice ID' number when they register to use their no-gaps 'Ezyclaim' system, and recommends that providers quote the Practice ID in all communications with the fund. Beginning in December 2009, this number must be submitted with all Eclipse claims to HBA or the claims may be rejected. HBA state that they wrote to all doctors in November 2009 advising of this change. While some of our clients have received this letter, others have not. Of those we spoke to who did receive the letter, most did not realize that their HBA Eclipse claims would be rejected without the Provider ID.

Access Anaesthetics has always had the ability to send a 'Practice ID'. In the Eclipse system, Medicare refers to this number as the Fund Payee ID. It is an optional field that can be used by all funds, although most do not require it. Consequently, Access Anaesthetics does not check for it when it checks the data for the Eclipse claim. The Fund Payee ID can be entered on the second page of the IMC (Eclipse) claim dialog box, as shown below.

The Provider ID is the name used by HBA. Medicare call the field the Fund Payee ID.

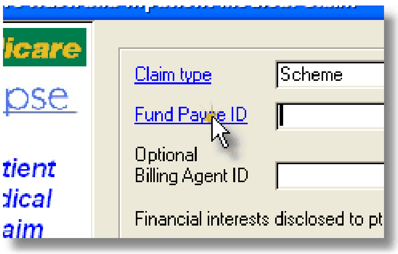
HBA advises that a Payee ID is required for HBA, ANZ Health Insurance, St George Health Insurance, Healthcover Direct and Bupa Australia.

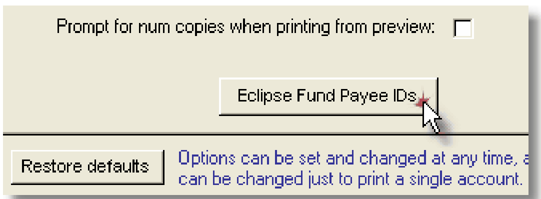


In version 5.71, we have added some features to streamline the entry of the Fund Payee ID. Specifically you can store a Fund Payee ID with each Eclipse Code so that when a claim is created using a specific fund code, the Fund Payee ID is entered automatically.

To edit the list, click the Fund Payee ID button in the Eclipse claim window.

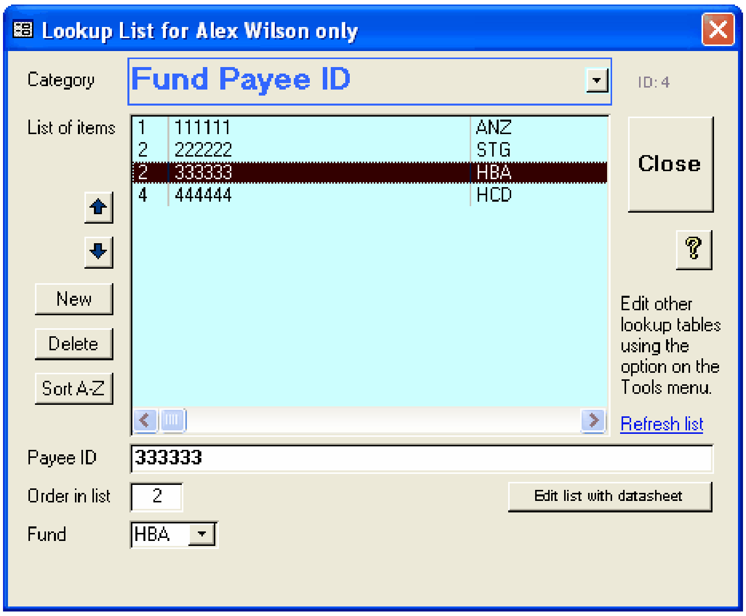
Alternatively, click the <Eclipse Fund Payee ID> button on the Miscellaneous tab of the Options form.

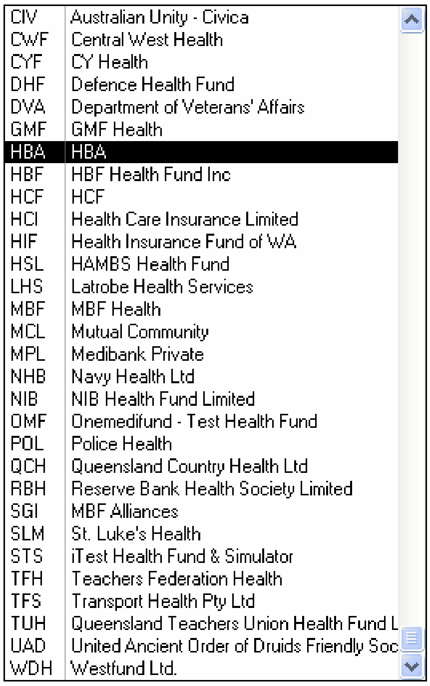




Options > Miscellaneous tab.

The window shown will open. Enter the Payee ID into the named field and select the matching fund from the dropdown list labelled 'Fund'. This shows the list of Eclipse codes for funds participating in Eclipse. This is the same code as shown on the account's Fund page.





Once you have entered the Payee ID and matched it to the the appropriate Eclipse code, the Payee ID will be automatically entered when an Eclipse claim is created which uses the specified fund code. This will happen for IMC-AG and IMC-SC claim types.

For multi-provider installations, the Practice IDs should be set up for each provider separately. The easiest way to do this is to use the button on the Options > Miscellaneous page to open the lookup table. Switch to the next provider and go to Options > Misc > Fund Payee ID. Note that sending an incorrect Fund Payee ID is inadvisable, as the payment for the claim may be directed to the incorrect provider.

Entering a Fund Payee ID has always been optional. This will remain so in version 5.71 and later. However, from version 5.71, if you create a claim without a Fund Payee ID and the fund code is ANZ, HBA, HCD or STG, you will receive a prompt advising that a Payee ID is recommended.

