

Clinical Systems Support and Training www.pracsavvy.com.au

August 2022 — Newsbrief

Welcome to this month's PracSavvy newsletter. A very busy month and some family issues occupying headspace mean that that this edition is briefer than the usual offering. It may also be that 72 issues in, the creative juices are starting to dry up!

I really didn't want to mention the Microsoft Web Services upgrades again this month but with the conversion deadline extended by a third and possibly final time to the 28th of August, some practices have only just converted and may benefit from some of the following information. The key problems are around online claiming and interaction with Medicare, mainly to do with characters that Medicare does not deem as valid. The following tips are mostly lifted from a useful email from Best Practice on the subject, but will also in most part be applicable to MD users too.

Service Details and Special Characters

Service text for items is now limited to a reserved character set: letters (A-Z and a-z), digits (0-9), and the special characters @ # \$ % + = : ; , . -. Brackets, apostrophes, and slash characters are not permitted.

If you receive a Medicare Online Error '9202 Invalid value supplied for Service Text', ensure that the Service Details field in the Account Item or Fee Amount screens contains only the characters listed above.

Daily Claim ID reset per provider

Under Medicare Web Services, claim numbers for direct bill accounts are now set by Services Australia and reset to A0001 each day, for each provider.

This means that a claim number alone is no longer sufficient to uniquely identify a claim when reconciling batches. To search for a particular batch, use the claim number in conjunction with the **Filter by Doctor** and **Date** filters available in the Online claiming screen.

The **Correlation ID** column has also been added to the Online claiming screen to assist identifying a claim in correspondence with Medicare or DVA.

New Check for Payments Messages

REPORT_NOT_FOUND The claim information does not match Services Australia's records. Contact Services Australia for more information.

REPORT_NOT_READY The claim has not yet been finalised by Services Australia. Run check for payments again later.

REPORT_NOT_AVAILABLE The claim was processed and has been rejected. Check the processing report for more information.

Some of you may have seen the above information in an email from BP, but I know that not everyone receives these emails. Hopefully the usefulness of the information will outweigh the blatant plagiarism.

Medical Director also sent something out almost two months after they released the software update. It's concerning the new AIR functionality and whilst some practices have yet to apply for or receive the AIR <u>Location Provider number</u> that unlocks the extra functionality for their nursing staff, there has been concern over the inability to delete vaccinations that have been incorrectly uploaded to AIR.

The bottom line is rather than trying to delete the vaccination in MD, or phoning the AIR directly to make a change, you can accomplish a lot by right-clicking on the AIR Record directly in the *Immunisation History* tab and updating it. Immunisations that are uploaded by your practice and therefore able to be edited are displayed in black font.

As mentioned multiple times, if your nurses don't have the ancillary provider number filled they won't be able to do this, but being able to edit the following fields: Date, Type, Site, Sequence, Batch and/or Vaccine Serial Number should be able to remedy a whole bunch of errors. Note that the changed information will also be reflected in your local MD record (Practice Immunisations)



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One piece of pleasing news during the last month was that from the 11th of July, practices should be getting screening and assessment reports from Breastscreen Tasmania, electronically via Healthlink as opposed to on paper, thereby making yet another dent in your scanning pile. If you find yourself still getting these "the old way" you may want to contact <u>Carol Ramsay at Breastscreen Tasmania</u> and ask her why.

The upbeat vibe was intensified last week when I read about a speech from the head of the <u>Australian Digital Health Agency</u> (ADHA) Amanda Cattermole. The MyHR has just turned 10, (although it was the PCEHR at birth), and the thrust of the speech was how much the pandemic had driven increased use of, and patient familiarity with, the MyHR. The speech featured words like momentum, expectation, focus and opportunity, a nice departure from what you usually get from public service types.

Some of the impressive numbers quoted were:

- ♦ Consumer viewing of the MyHR has increased 300% since last year, with viewing of immunisation records increasing by 1000% in the last 12 months.
- ♦ Pharmacies have uploaded over 85 million dispense records in 2022, which was claimed to be a 40% increase on the previous year.
- ♦ Hospital Staff (surprise surprise) increased their viewing of the record by over 160% in the last financial year.

Now, the cynic may point to an artificial bump due to Covid, but the undeniable truth is that people are getting used to the idea that the MyHR is where some of their key health information is stored. With that comes increasing expectation of what should be found there, and questions will increasingly asked if this information is not present. As I have been saying for nearly a decade, this system has the potential to help everyone, both directly and indirectly. More information contained in the record (hint, quality Shared Health Summary, even if you have met your quarterly target) will mean less hospital and other external clinicians trying to phone the practice.

It's time for GPs to accept that this is part of the health system now, and not hide behind "As long as we don't have to curate it" mantras, which weren't correct when initially trotted out and still aren't. As we move forwards, what was once accepted as a philosophical perspective, now looms as a personality defect for mine. Finally, whilst clearly not as inspiring as a session with me, the ADHA have an upcoming bunch of software specific webinars if anyone wants to revisit or refresh their knowledge.

MD

I mentioned in the <u>June</u> issue, that MD had introduced something called MedicalDirector Cover, which is available from a tab on the address book selection screen, when doing a referral. In June, it was "coming soon", and now it has arrived, partially at least. The module purports to be able to identify the patient's level of health cover, as well as what practitioners are offering programs in conjunction with these companies.

Currently, it only works for patients who belong to <u>nib</u>, or <u>IMAN</u>, with other funds supposedly on the way. There are full details on the utility available here.

Templates

The following new or updated templates are available at my website here:

◆ LGH Fibroscan Request (Updated)

Note: I've had some queries around templates for the updated Pharmaceutical Services, <u>Application</u> to <u>Prescribe</u> forms. Primary Health Tasmania have advised that they are working hard with Pharmaceutical Services to get these updated. I imagine when all the hard work is concluded you will find the updated versions <u>here</u>.

eReferral

Please update your address books with the following changes, remembering my full list can always be found <u>here</u>.

Dr Hannah Stevens Haematology St John

St John's Sessional Suites chctlvcs



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