Medtech Webinar Notes

1st July Funding Changes (June 2015)

The Zero Fees for U13 funding comes into force on July 1st this year and as this requires a number of steps, I'll Summarise the Key steps first and then go into the detail.

First step – Arrange to upgrade to V21 prior to 1st July

Second Step – Finalise all claims after Close of Business on 30th June

Third Step – Run the GMS utility after finalising on 30th June or before Start of Business on 1st July

Fourth Step – Make any necessary changes to your GMS subsidy setup

Please note, if you choose not to apply the Zero fees to your under 13 patients, you will not need to carry out GMS service code subsidy adjustments but you will still need to carry out the adjustments for ACC service codes.

If you choose not to update to V 21 – and we have some physio practices for example, for whom GMS subsidies do not apply - you will need to update the ACC subsidies to be able to put through the correct claims to ACC.

This flow chart may be of help in understanding the order in which things need to happen. The flow chart will be available on the Medtech website with the webinar recording and notes.
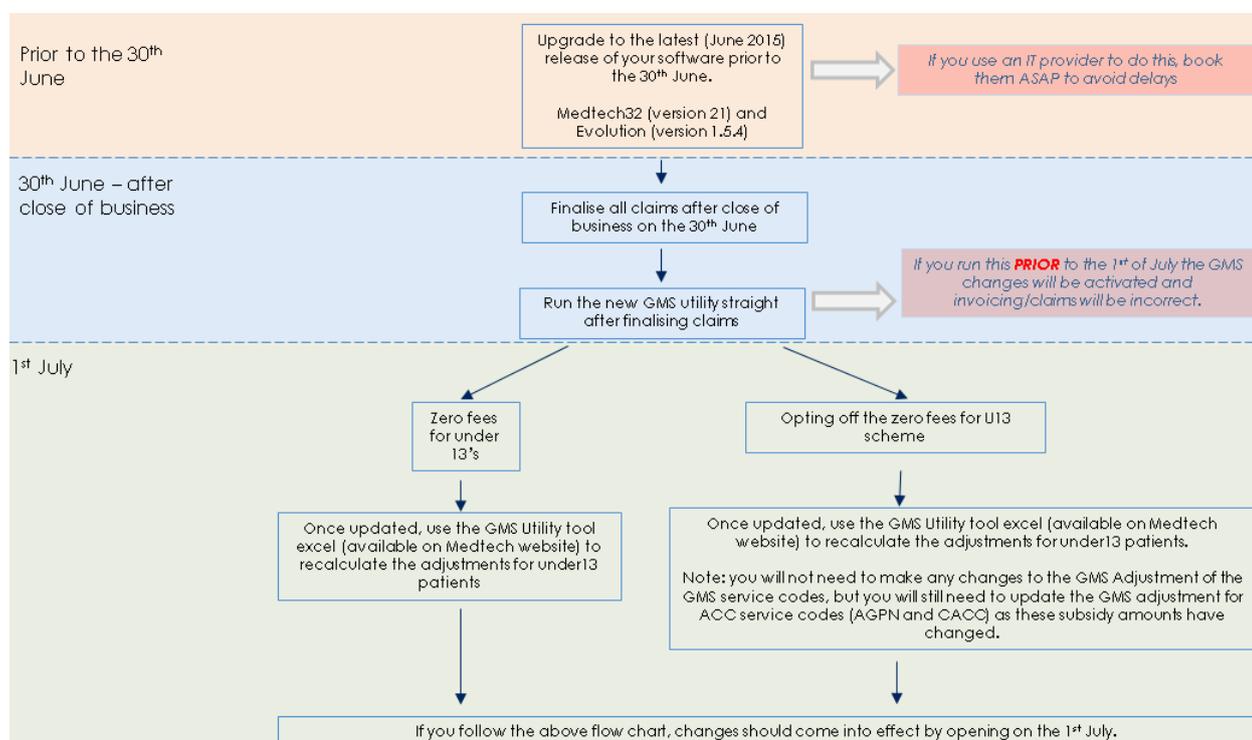
So – First step.

In order to make this change available in your system, you must arrange to upgrade to V21 before July 1st. This upgrade will require a technician to carry out and Interbase Backup and Restore as part of the upgrade process, so please talk to your practice IT technician or Support company as soon as possible to get this into their schedules.

You CAN upgrade at any point in time between Friday 19th June and 30th June

Step Two

After close of business on 30th June you must finalise all claims. This is a Monday and it may not be part of your normal routine to finalise on Mondays, so please put it into your diary or alert whoever in the practice should do this. If you do NOT finalise on Monday 30th, you will be sending in those claims which were outstanding at the wrong subsidy rate and your accounting will be thrown into disorder.

It does not matter if you have not upgraded BEFORE you finalise your claims. Some technicians will do the upgrade on Monday 30th

Step Three

Once you have upgraded and have finalised, you will need to run the GMS utility which is located at Utilities > Miscellaneous > Activate GMS under 13 changes.
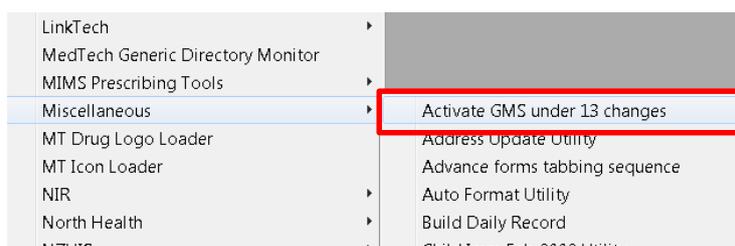
If possible (and assuming you have upgraded) run this utility after finalising on June 30th. Changes will NOT be visible in patient records until July 1st (so as not to generate claims with incorrect subsidies)

If your technician is not able to upgrade your system till late on June 30th, please don't worry and don't feel you have to stay late to run it!

The utility will run automatically on 1st July when the first user of the day logs into Medtech32. It is important to note that if anyone else logs in while the utility is carrying out its updates, those users may not see the changes until they re-start Medtech.

You can check that the utility has done its job by going to Tools > Patient > GMS Utility.
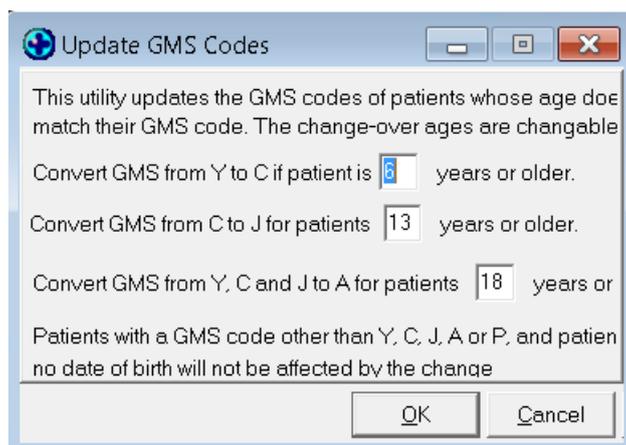
Here you can see that the Update GMS Codes Utility now provides for the conversion to subsidy code C where the age range is between 6 and 13. (You do NOT need to run this tool!!)

I want to stress that

The system will automatically reset existing patients on July 1st but will NOT reset such patients UNTIL July 1st.

The time taken for the automatic update to complete will depend on the number of patients you have who are currently in the U13 Y category and in the target age range.

Once the upgrade has been run and 1st July arrives, eligible patients will have the new GMS code of Child C

Step Four

The upgrade will also change the options available in the GMS adjustment tab of service codes.

For example if we look at the standard Consultation Service under Setup > Accounting > Services >   you can see that the C GMS categories have been added.

Medtech has provided an Excel calculation tool on the support page of our website to assist practices in calculating charges where the new subsidy might be applied.

The GMS Adjustment Tool and training guide are both available via the following link:
http://www.medtechglobal.com/nz/support-nz/

To use the tool, you must have Microsoft Excel.

First open the Consultation Tab.

In the Service Fee box, type in the amount you would enter in the Service Fee in the Main Tab in Medtech32–

Next, in the Consultation section, enter the amounts you wish to charge each GMS category. In this example, those patients who are funded and enrolled with a GMS category of C will not be charged at all, while those patients who are Casual and have a GMS C category will be charged $25.

As you complete each of the fields in the Consultation section, the equivalent field in the GMS adjustment section will update to show the adjustment. In this example, the practice has decided to apply a $5.00 discount for Casual patients in the A1 and AZ categories. Notice how the adjustment amount changes in the lower table.

Once you complete all the fields you can save your Excel spreadsheet until ready to make the changes in Medtech itself.

To update the Subsidy in Medtech go to Setup > Accounting > Services > double click on the Consult service . GMS adjustment tab

Type the adjustment amounts into the fields. (Although there is no 'Fill function' as there is in Excel, you can right click on a cell and copy/paste to save some time in typing)

Once complete, we recommend invoicing a suitably aged and coded test patient to confirm that the invoiced amount is as expected.

The GMS AdjustmentTool and a guide to how to use it will be available on the Medtech website on the Support Downloads page. You can prepare your changes in advance in the tool and save until the upgrade has been completed.

Changes to CACC and AGPN services should be processed in the same way, but use the ACC and AGPN tabs in the GMS Tool respectively.

IN line with the subsidy changes, reports such as the Internal GMS report and the Reports section in location settings have also been updated so as to include the C category in financial reports.

U13 Prescriptions

Prescriptions will continue to show all U13 patients with a GMS category of Y, regardless of whether they are a Y or C code. This is to keep compatibility with pharmacy systems.

GMS Time, TYPE and Location

The MoH have also brought in new requirements when submitting GMS claims for Casual patients. Under the new regulation, the time the patient was seen, and the location type must be included in the claim file.

The location type was included in V20.12 and is visible in the Appointment Book. You can click and drag the location column to wherever is most convenient and you can resize it.

For most patients, the required data is included in the invoice screen by default because the system picks up the date and time of the patient appointment. If the patient does not have an appointment, the date and time recorded in the daily record will be used.

If a patient is seen outside your practice – for example at a rest home – then it will be necessary to change the location type. This means that for the vast majority of patients the required information will be populated into the invoice screen and claim file automatically. The Location types are hard coded for Ministry purposes and cannot be updated or added to.

That concludes the GMS funding changes overview – we're now going to look at a few other changes and new functions

Patient Inbox

Changes have been made to the way the patient inbox displays to make it clearer whether or not a document has been filed by the provider
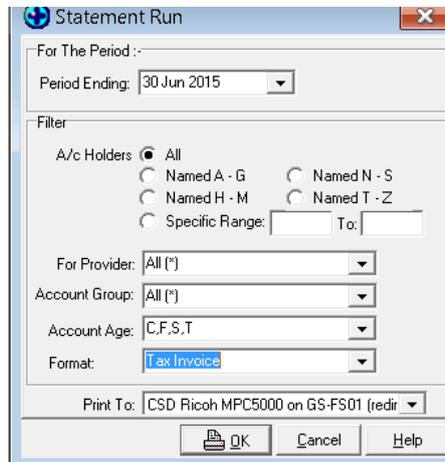
In this example the results which are in Italic and in Bold have NOT been filed by the provider.

(Filter Provider INBOX)

Statement Header.

If you are generating statement via the statement run – for example for a rest home – you now have the option to select 'tax invoice' when creating the document, which then provides the header 'Tax invoice/Statement of Account'

When Invoicing Non-residents.

A new pop-up reminder has been added to advise of non-resident status when invoicing. This is to help practices covering lab charges which apply to non-residents.

This popup will appear when using 'New Invoice', Quick Bill' and 'New Workplace Accident Invoice' screens

Middle Name in the patient Register

A new field – Middle name – has been included in the patient register. This will not be utilised in MT32 at present as it is part of a future enhancement in relation to NHI.

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That concludes the webinar for today. If you have questions please type them into the chat box on the right of the webinar screen and I will do my best to answer them.

Thank you all for joining today and I hope you have found it useful. If you have further questions you are most welcome to email them to Support@medtechglobal.com.