Current Thom Biller Update
10.07b

This update assumes you have run version 10.04b. If you haven't please run it first.

If your IT staff are going to run your upgrade, make sure you give them a copy of this document and the email that was sent with the upgrade notice. Once the IT staff have completed the basic installation, please be sure to run any additional steps within Thom Biller that may be needed.

Additional Steps Needed: none

Data File Changes: minimal

Contact Information:

Please call me, Larry Tucker, at 434-964-9568 or email me at lawrencetucker@comcast.net if you have any questions. Also remember to check the Thom website (www.thomchild.org) and look under the Thom Biller link for software updates and news.

Installation Instructions:

The installation instructions have not changed (although a reminder was added for off-site programs as item 4). If you are on a network, and have run the previous upgrades, *then you only have to run this upgrade on a single workstation*. The updates will automatically propagate to all other machines running Thom Biller on the network.

1. Make sure you have backed up your data.

2. Make sure no one else is using the Thom Biller software on the network and that it is not running on your computer (in a minimized window on your taskbar.)

3. For network users, pick a single workstation that you will always use for upgrades. Run the upgrade on this machine this time, and all future upgrades on the same machine.

4. For Base – Off site systems, make sure you complete any billing disk and recovery exchanges that may be in process. Both the Base and the Off site systems must be on the same version of Thom Biller during a billing exchange. If one "side" upgrades before the other, then the off-site disk recovery will be disallowed. So if you are currently downloading disks, or waiting to recover a download disk, do not run the upgrade until both the download and recovery processes are complete.

5. Run **up10.07b.exe** either from the web site or from a CD. If running from the web, simply click on the link and "open" the file. You may receive a warning that the executable may be unsafe, which you can ignore. If running from a CD, locate the upgrade .exe file on the CD and double click on it.

6. An Installshield screen will start up. Enter the password. Accept all the default choices and work your way through the screens.

7. A Foxpro window will open to complete the upgrade. Press the "Proceed…" button to do this. This new routine will locate your data wherever it is on the network and upgrade it. It will tell you whether all files copied successfully or not.

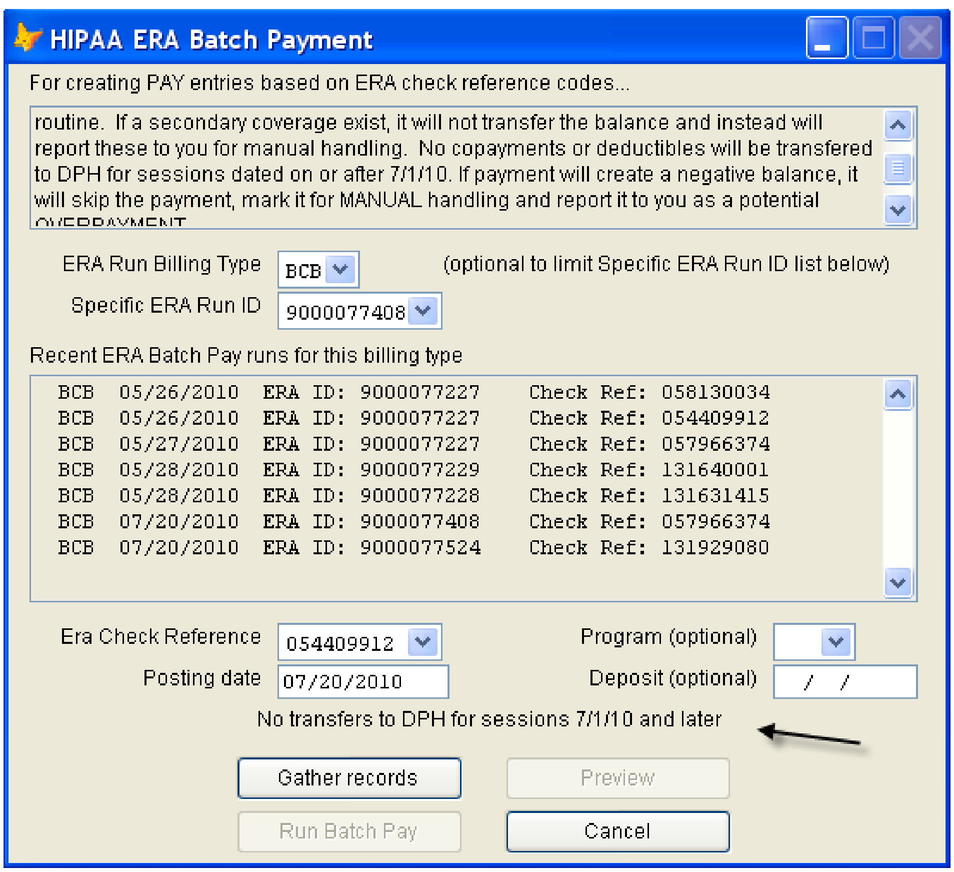
8. Start the Thom Biller software as usual. This will complete the upgrade and set the title bar version. (If you get a warning that data changes are needed and someone else is running the program, please make sure everyone is logged off and try running Thom Biller again.) This step may bring over a new version of the loader program and ask you to restart Thom Biller. It may also bring over a new version of VFPSetup and automatically run it as well.

For network users, DO NOT run the upgrade on every machine. Running it once on the machine you have chosen for upgrades will be enough to send the upgrade to all other workstations the next time they start the Thom Biller.

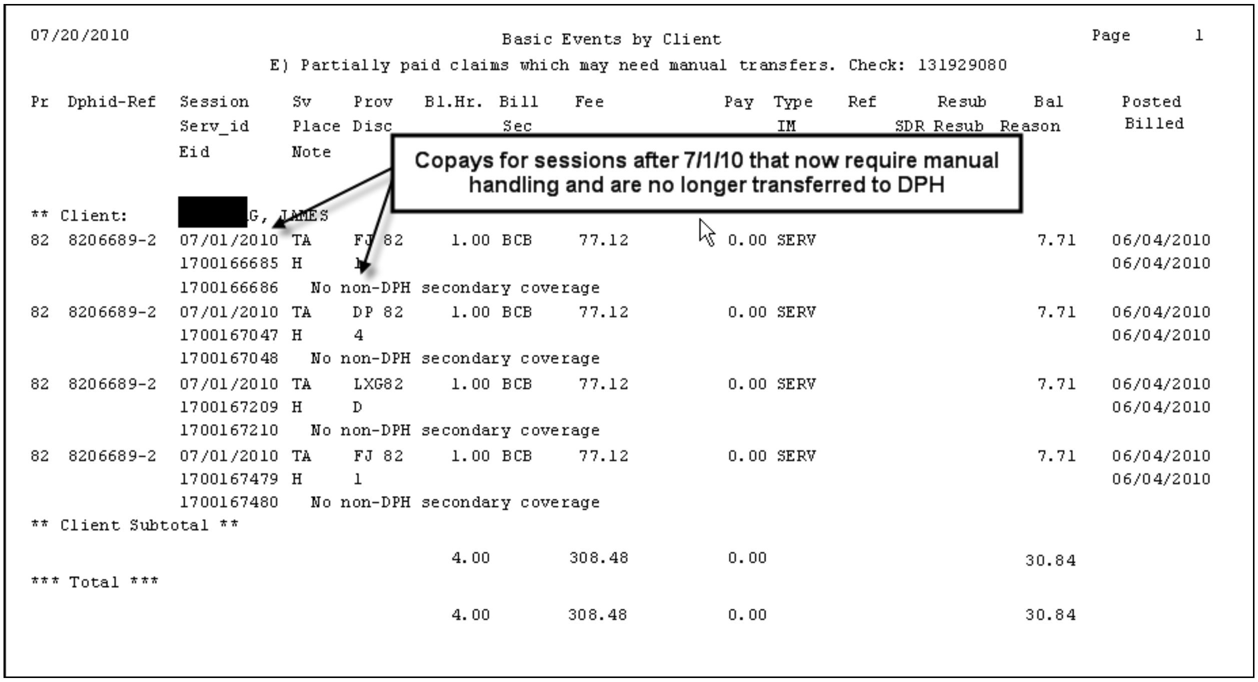
Upgrade Details

Most of these changes were requested by Thom offsite program staff.

No automatic transfers to DPH after 7/1/10. The ERA batch pay now limits automatic transfers of copays and deductibles to sessions before 7/1/10. Any sessions after this date should have been paid by the insurance company under the “First Dollar” coverage policy just implemented. (The new logic is based on the session date of each session, not when the batch pay is run. So some old sessions will still receive transfers, but newer ones will not).



Any copays that would have been transferred to DPH in the past will now show on the final report of Partially Paid Claims (below). If there is no other secondary coverage, they will be reported as having "No non-DPH secondary coverage".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07/20/2010                                 Basic Events by Client                                   Page      1
                              E) Partially paid claims which may need manual transfers. Check: 131929080

Pr  Dphid-Ref  Session    Sv    Prov   Bl.Hr. Bill   Fee             Pay  Type   Ref      Resub     Bal      Posted
               Serv_id    Place Disc          Sec                          IM           SDR Resub  Reason     Billed
               Eid        Note

** Client:     [redacted]G, JAMES
82  8206689-2  07/01/2010 TA    FJ 82   1.00  BCB    77.12           0.00 SERV                        7.71   06/04/2010
               1700166685 H     1                                                                            06/04/2010
               1700166686   No non-DPH secondary coverage
82  8206689-2  07/01/2010 TA    DP 82   1.00  BCB    77.12           0.00 SERV                        7.71   06/04/2010
               1700167047 H     4                                                                            06/04/2010
               1700167048   No non-DPH secondary coverage
82  8206689-2  07/01/2010 TA    LXG82   1.00  BCB    77.12           0.00 SERV                        7.71   06/04/2010
               1700167209 H     D                                                                            06/04/2010
               1700167210   No non-DPH secondary coverage
82  8206689-2  07/01/2010 TA    FJ 82   1.00  BCB    77.12           0.00 SERV                        7.71   06/04/2010
               1700167479 H     1                                                                            06/04/2010
               1700167480   No non-DPH secondary coverage
** Client Subtotal **

                                        4.00        308.48           0.00                            30.84
*** Total ***

                                        4.00        308.48           0.00                            30.84
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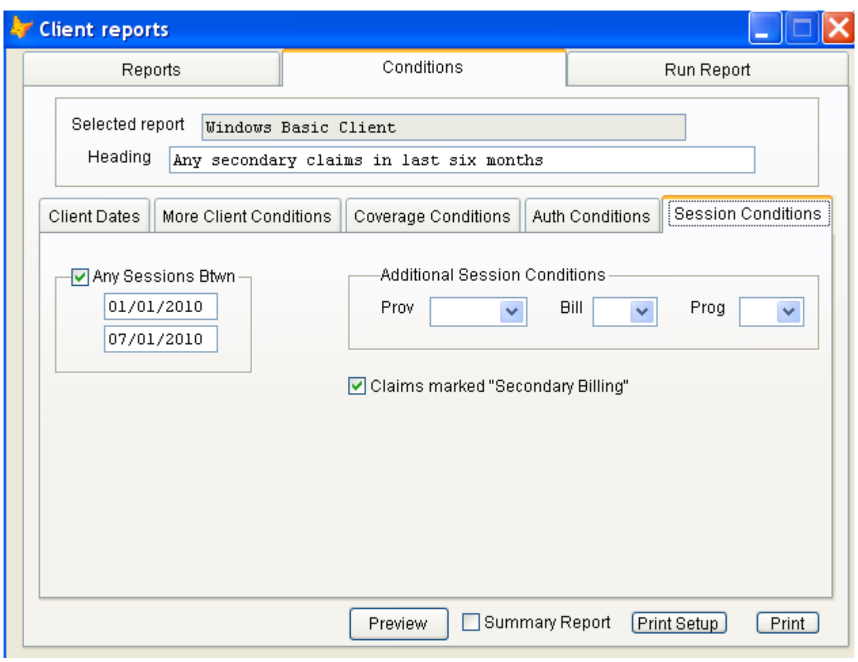
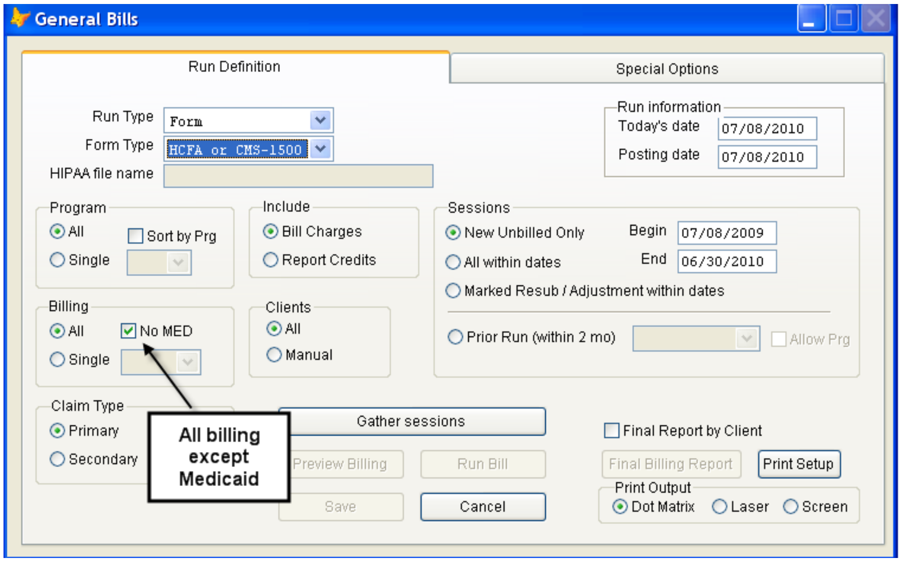
Client list for clients with secondary claims. Use the new checkbox under the Session conditions tab within the Client Reports menu to limit the client list to those clients have at least claim marked as secondary.

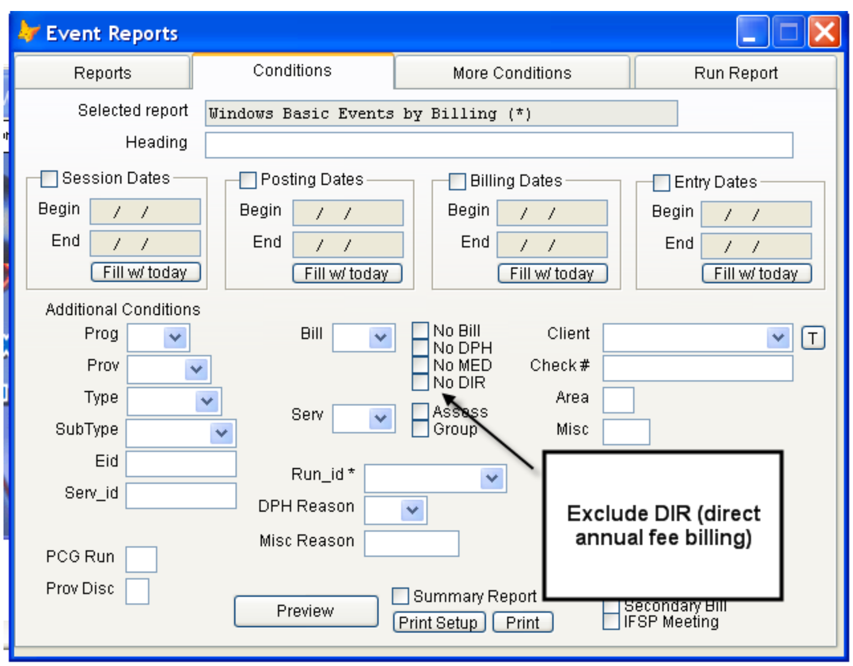


You can use any of the client reports you like, but the Windows Basic Client report will give you a simple list. You can add a heading to the report as needed. You may also limit the session date range or add additional conditions as desired. So for example, if you wanted to see only clients with BCB secondary claims, you could do so by selecting BCB from the “Additional Session Conditions: Bill” dropdown.

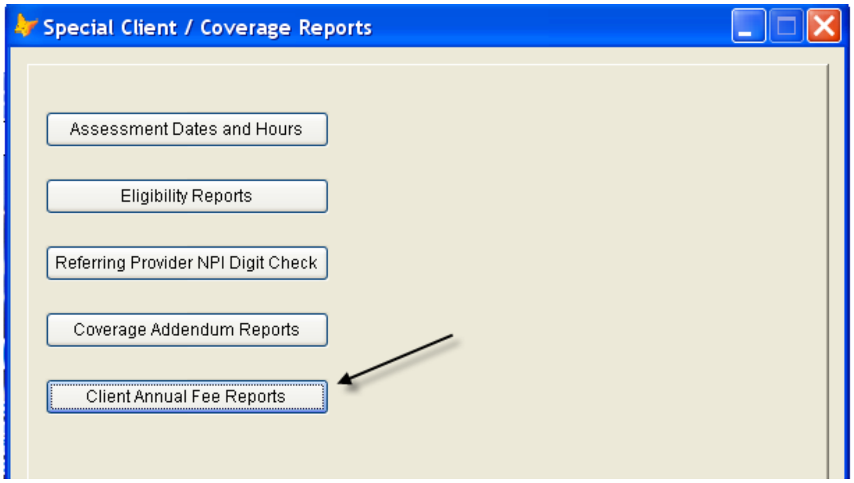
All Billing Except Medicaid. Added checkbox to exclude MED from an “ALL” billing run. This was requested primarily for resubmission billing runs, but could be used for any run.



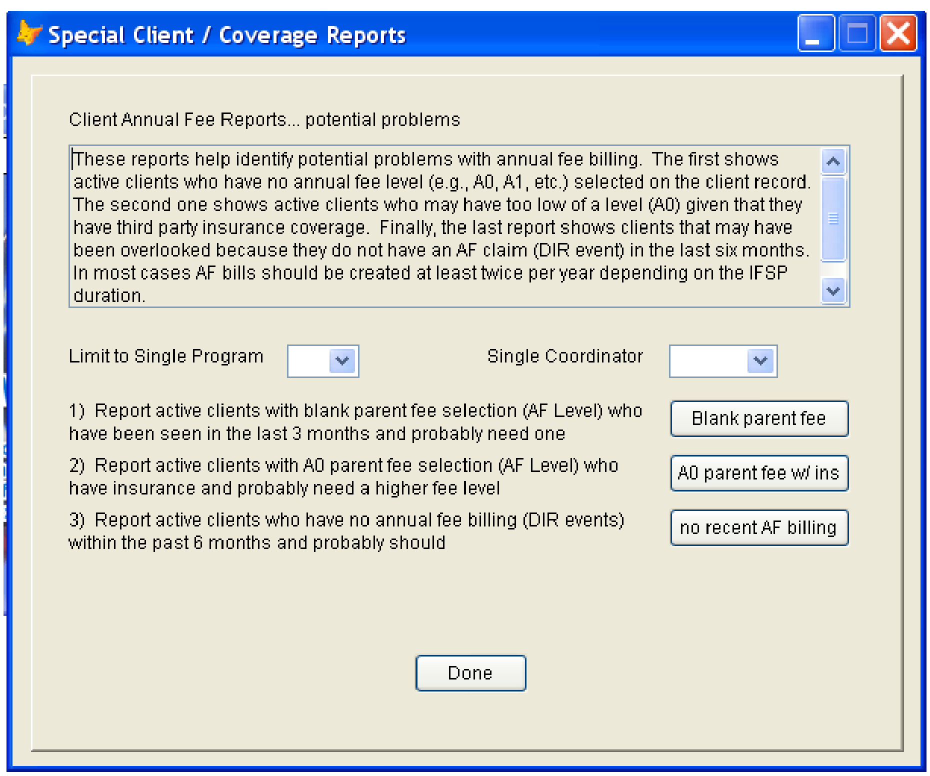
Exclude DIR (direct annual fee claims) from event reports:



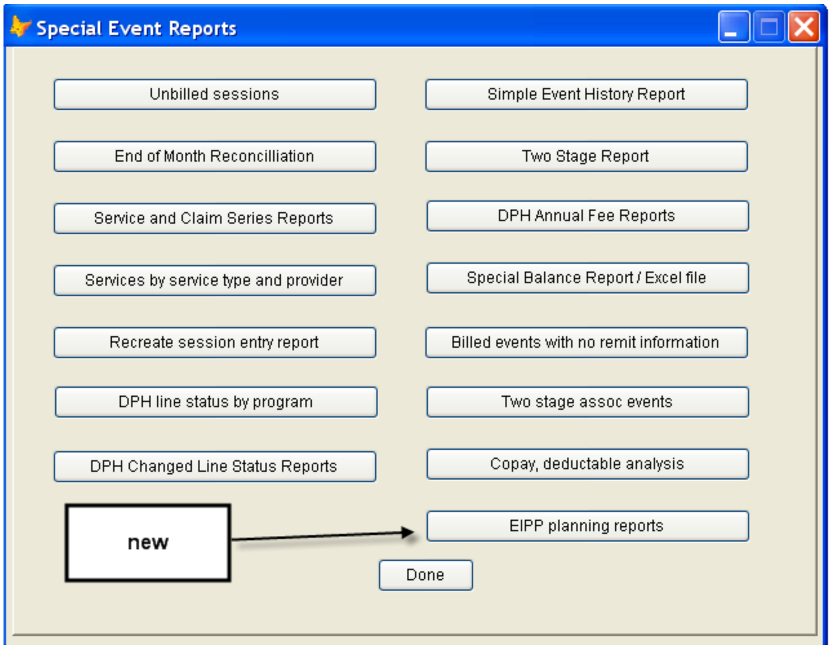
Special Client Reports for Potential Annual Fee Problems

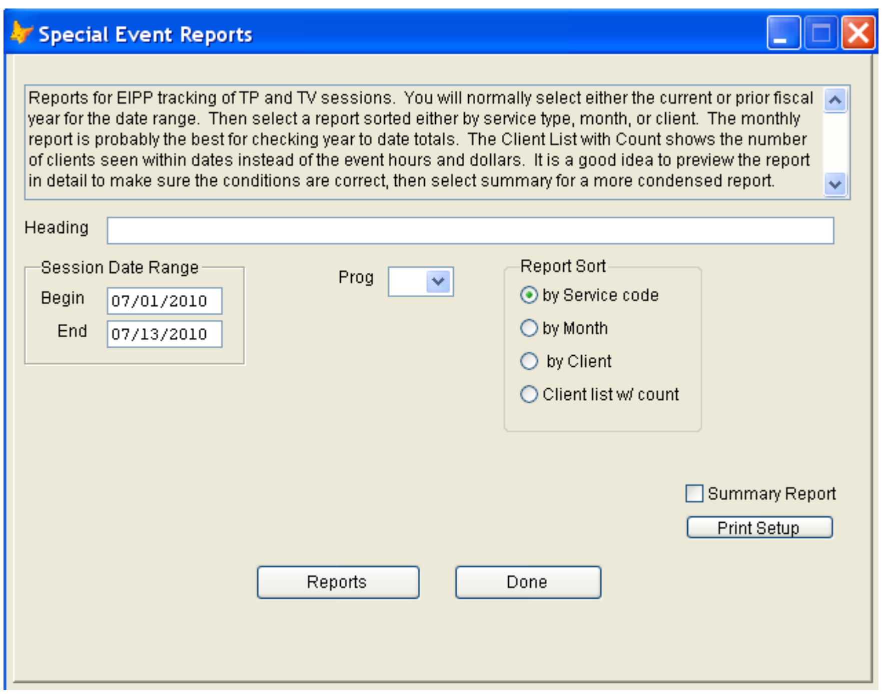


These reports help identify potential problems with annual fee billing. The first shows active clients who have no annual fee level (e.g., A0, A1, etc.) selected on the client record. The second one shows active clients who may have too low of a level (A0) given that they have third party insurance coverage. Finally, the last report shows clients that may have been overlooked because they do not have an AF claim (DIR event) in the last six months. In most cases AF bills should be created at least twice per year depending on the IFSP duration.



EIPP tracking reports





You will normally select either the current or prior fiscal year for the date range. Then select a report sorted either by service type, month, or client. The monthly report is probably the best for checking year to date totals. The Client List with Count shows the number of clients seen within dates instead of the event hours and dollars. It is a good idea to preview the report in detail to make sure the conditions are correct, then select summary for a more condensed report. So for example, to compare this year to last year, you would first run the report 7/1/2010 - 6/30/2011, then enter 7/1/2009 – 6/30/2010 probably using the “Month” sort.

Miscellaneous fixes:

Moved the “No Fundraising” checkbox to client address screen.

Fixed tab order in client authorization screen.

Changed warning message showing assessment counts during session entry and scans to now include an “OK” button before it closes.

Removed “Diagnosis Codes” and “Eligibility Payer Codes” from offsite menus since these tables are handled at the base and sent to the offsite location automatically.

Confirmed that the “Needs Authorization” checkbox on the Client tab has no effect on the authorization counts (controlled by checkboxes on the Authorization tab.

Confirmed that repeating the report of sessions in order as entered does not change the order to alphabetic.