

expEDlum Medical Billing

v4.0.1

Release Notes

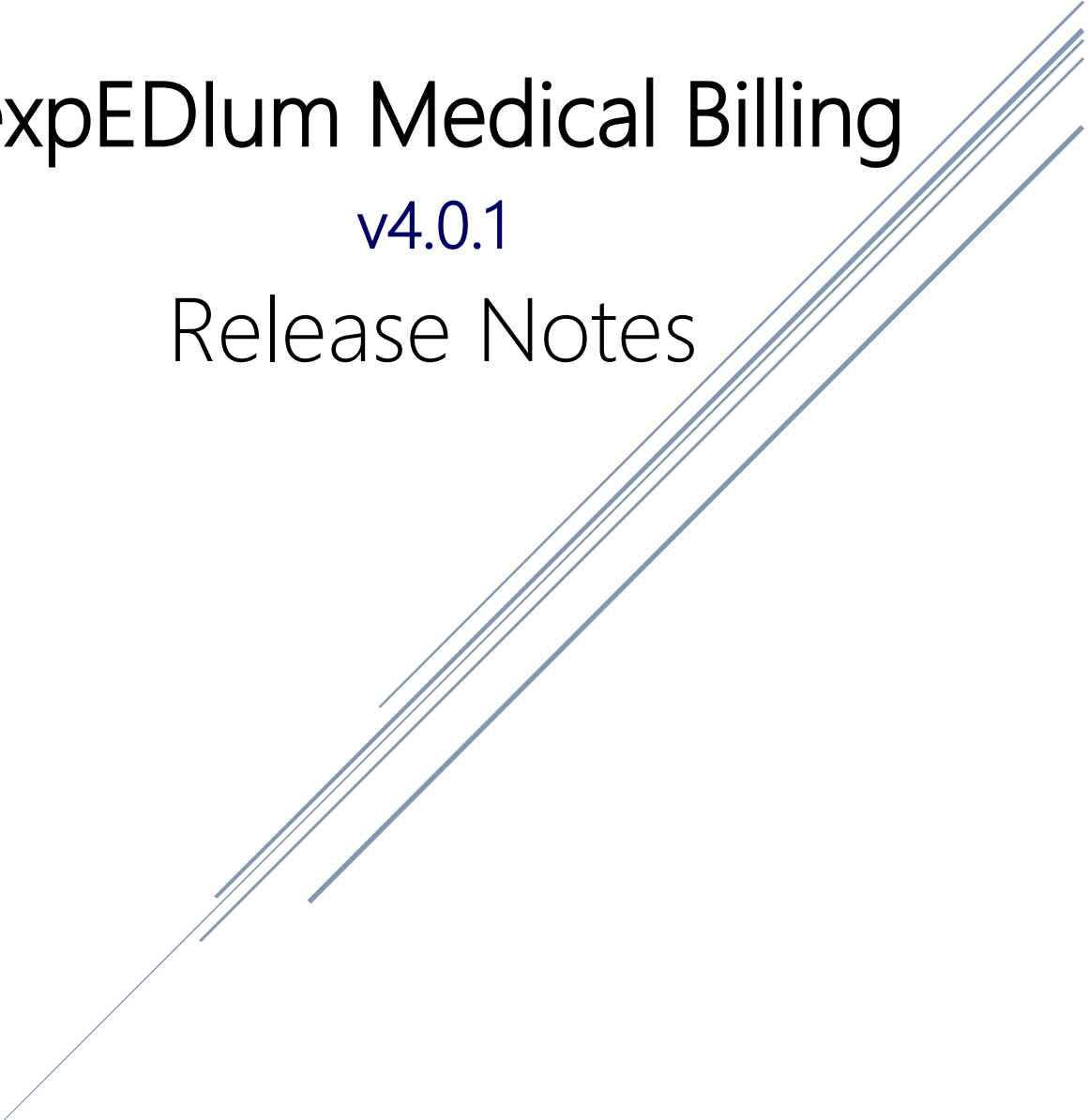


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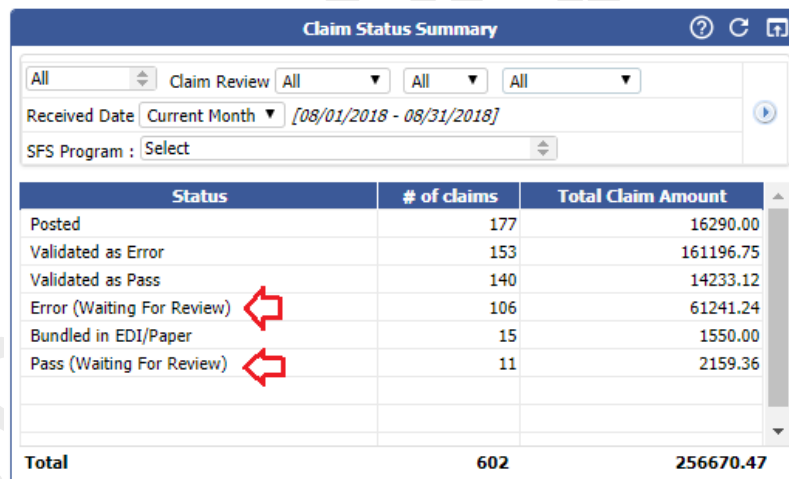
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Release Notes

1) [Ticket# 7431] Dashlet to show "Claims in Review" explicitly and make it more obvious

For the accounts where Claim Review flag is turned ON, the claims after processing and validation will have the claim status "Pass" or "Error" with an additional flag "Claim Review" turned ON. The Pass claims having this flag ON are expected to be reviewed and approved by the claim reviewer having approval privileges. To improve the visibility of these claims to the user for follow up, the claim status summary dashlet is enhanced to split the data into two

- 1) Claims with a specific status and waiting to be reviewed
- 2) Claims with a specific status and not waiting to be reviewed.



Status	# of claims	Total Claim Amount
Posted	177	16290.00
Validated as Error	153	161196.75
Validated as Pass	140	14233.12
Error (Waiting For Review)	106	61241.24
Bundled in EDI/Paper	15	1550.00
Pass (Waiting For Review)	11	2159.36
Total	602	256670.47

This enhancement on the Claim Status Summary dashlet is available on practice login, administrator login and manager login.

2) [Ticket# 8037] PH: Additional filter in Cash Posting by Program Report

The cash posting report displays both patient name and patient account number. Some of the clinics/practices want only the patient account number to be displayed and not the patient name

when they print the report and send to the accounts department to enter the details in their financial system.

The cash posting report search screen is enhanced to have an option "Show Patient Details" for the user to choose to show or hide the patient details. This option will be selected by default with sub options "Show Patient Name" and "Show Patient Account Number" also selected. With this option selected, the user can choose to deselect one of the sub options to show and hide one of them, or deselect the main option "Show Patient Details" itself to hide both name and account number.

Search Cash Postings Report

Posted By	All
Transaction	[All Payments(excluding Write-off/Debt Set Off/Bad Debt Writ...]
Transaction Amount	Select
SFS Program	
Rendering Provider	All
Facility	All
Practice	All
Payer ID	
Payer Name	
Sort By	Transaction Date
Show SFS Program	<input type="checkbox"/>
Show Current Balance Due	<input type="checkbox"/>
Show Transaction Notes	<input type="checkbox"/>
Show Posted By	<input type="checkbox"/>
Show Patient Details	<input checked="" type="checkbox"/> Patient Name, Patient Account Number*
Show Zero Amounts	<input checked="" type="checkbox"/>
Transaction Date	<input type="text"/> /04/2018
	Yearly 2018
	<input checked="" type="radio"/> Default <input type="radio"/> By Transaction

Search

This enhancement is available on all the flavors of Cash Posting Report –

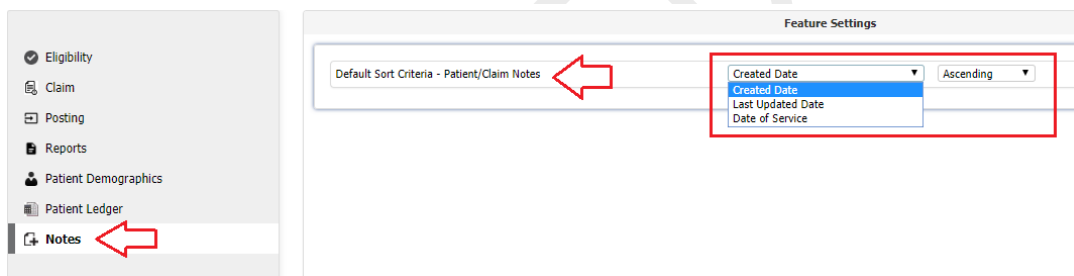
- 1) Cash Posting – Default
- 2) Cash Posting by Transaction
- 3) Cash Posting by Program (only for Public Health Clinics)

4) Cash Posting – Deleted

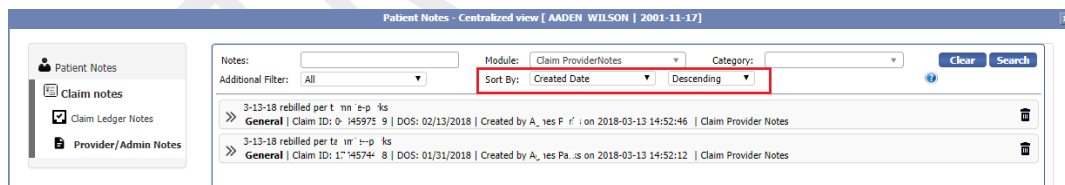
3) [Ticket# 8105] MDR: Claim Notes Sort Order Issue

The "Claim Notes" was always ordered in the various notes screen in the chronological order in which the claim notes are added – this is based on the default Sort Order/Sort By dropdown option available in the screen which is "Created By – Ascending". This was causing confusion to some clinics as they want to see the latest added claim notes on top by default. As this is clinic specific, an option to specify the sort order of claim notes is added in the feature settings (Maintenance >> Feature Settings) and choose the order in which they want to see the claim notes.

The Sort option can be set from the following screen.



The Sort Order set here will appear as the default value in the Sort By dropdown.

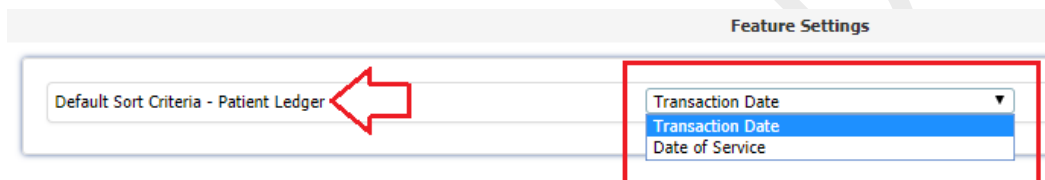


However, if the date of service is chosen as the default, the sort order will be applied only to the notes screens which are related to claim - Claim Ledger Notes, Claim Provider Notes, Claim Administrator Notes. For the notes screen which has no claim dimension, the sort order of Created Date – Ascending will be assumed. Please note, this is only when Date of Service is selected as the sort order.

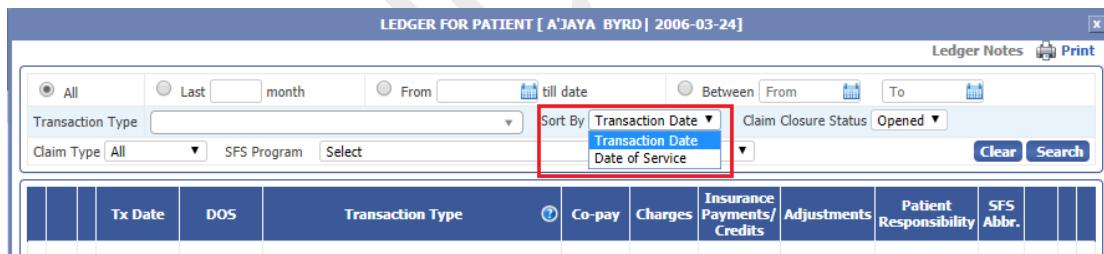
Even though the Sort By dropdown will have the Sort order criteria configured in Feature Settings, the user can choose another Sort By criteria from the notes screen and sort the notes.

4) [Ticket# 8132] MDR: Patient Ledger - Default Sort

The ledger is always sorted by ledger transaction date. Some of the clients wanted to see the ledger sorted using Date of Service. As the requirement is client specific, a new configuration is added in the Feature Settings (Maintenance >> Feature Settings). By Default, "Transaction Date" will be selected. The accounts who need "Date of Service" can select it from the dropdown and save the settings.



The saved criteria will appear in the Sort By dropdown in patient ledger and the result will be sorted accordingly.

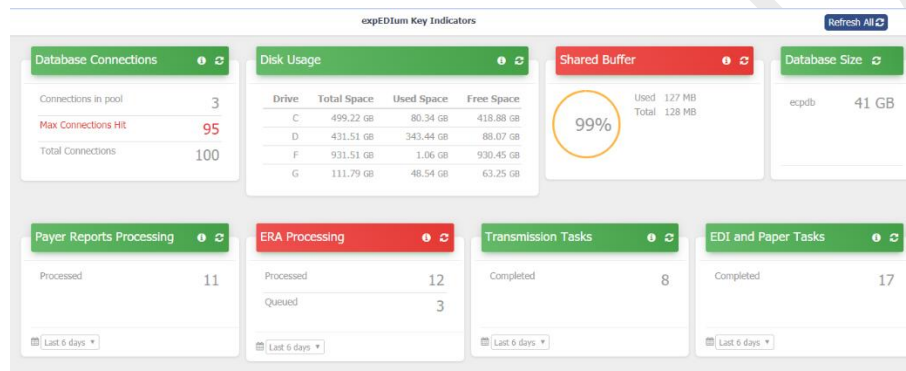


5) [Ticket# 8138] PH: Denials Search Claims Listing fails

The denied claim search was taking longer to fetch the result when Payer ID, Remark Code filters are used. This was due to a slow query. When the query was analyzed we found that some of the database fields used in the denial search were not indexed in some of the installations. The missing indices were added and the query is returning result faster than before.

6) [Ticket# 8147] expEDlum Key Indicators Monitoring Screen/Dashboard

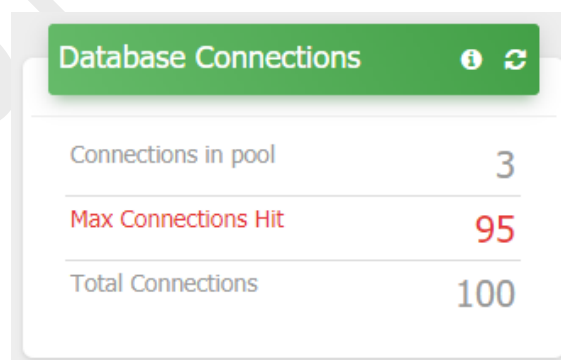
For better monitoring of the performance of expEDlum, a new feature is introduced in the administrator module – Key Indicators Widget – under “Home >> Widgets”. Even though there are mechanisms to monitor the application performance using various external tools, this feature in the expEDlum would help the administrator to monitor some of the critical modules in the system together with Java and database parameters on one single screen and take quick actions based on the readings.



The various widgets available on the screen for monitoring are –

Database Connections

This widget shows the various database connection pool parameters and their values.



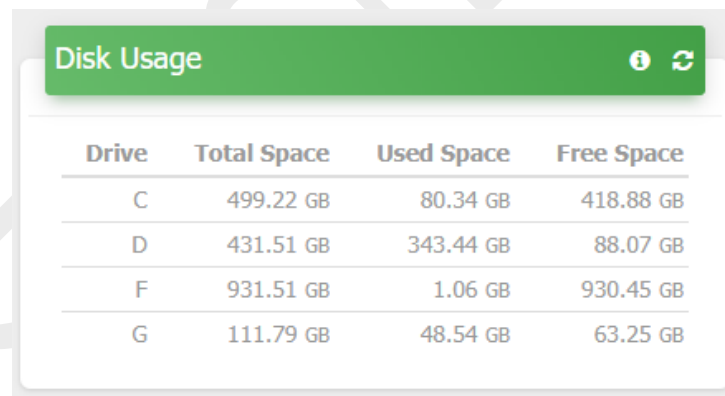
- a) **Total Connections** = The maximum number of concurrent connections allowed. This is configured in postgresql.conf file. This is also configured in the application server

also. However, application server will have this number as 10 less than the actual number of connections allowed.

- b) **Connections in pool** – The number of concurrent connections currently used by the application. If this number exceeds 50% of the Total Connections, then the color of title bar of this widget will turn RED.
- c) **Max Connections Hit** = The maximum number of connections hit during the application session. If this number exceeds 80% of the total connections, then the label “Max Connections Hit” will turn RED and will remain in RED throughout the session.

Disk Usage

This widget shows the various sizes of the disks/drives in the server. If any one of the drive/disk has less than 10% free space size, then the title bar will turn RED.

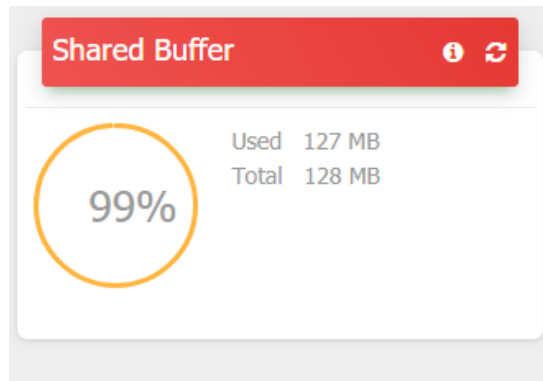


Drive	Total Space	Used Space	Free Space
C	499.22 GB	80.34 GB	418.88 GB
D	431.51 GB	343.44 GB	88.07 GB
F	931.51 GB	1.06 GB	930.45 GB
G	111.79 GB	48.54 GB	63.25 GB

Please note, the details shown in the figure above is from a Windows Server.

Shared Buffer

This is one of the parameters used by PostgreSQL for its database operations. The title bar will turn RED if the usage of shared buffer is 95% of the allocated shared buffer size.

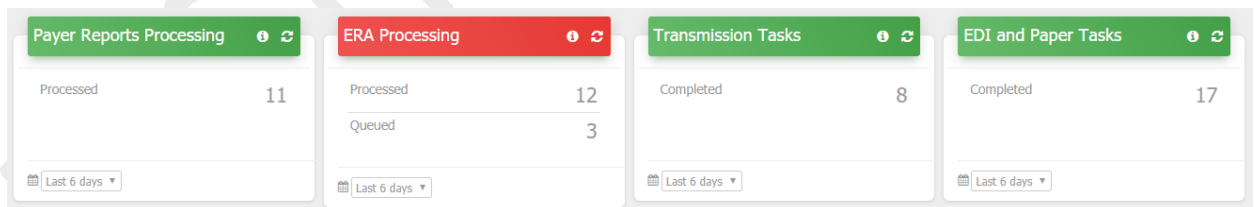


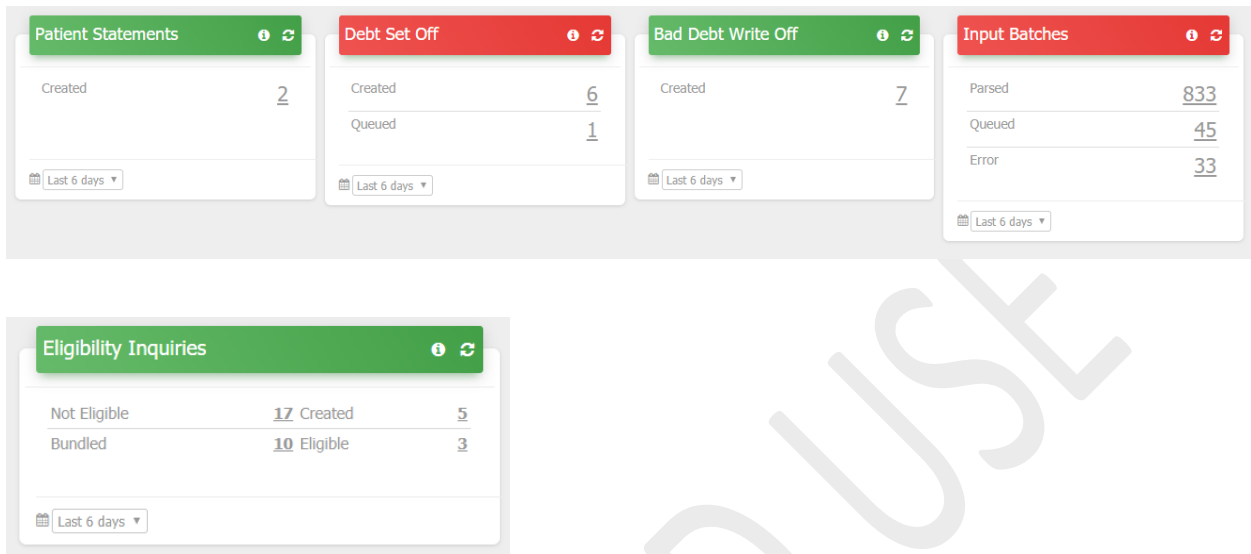
Database Size

The size of the application database

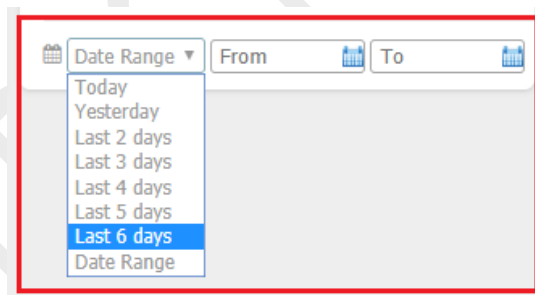
Application Modules

There are several modules in the application which are task/job driven. These tasks/jobs will be queued for processing and should be monitored everyday whether there are no tasks/jobs in queued status, failed status. If there are queued/failed tasks, the administrator is expected to look that the respective module and ensure that they are all getting processed, and if needed requeue them and get it processed.





All these widgets will show the result for the “Last 6 days” by default. The administrator can change the aging date to any of the options available in the drop down provided including the date range option.



The various modules added as widgets for monitoring are

1) Payer Reports Processing

These are the payer reports other than 835s received from payers/clearinghouses as claim response. The title bar will turn RED if there are payer reports in status “Queued” or “Failed” for the selected date period.

2) ERA Processing

These are the 835 files received from payers/clearinghouses. The title bar will turn RED if there are payer reports in status "Queued" or "Failed" for the selected date period.

3) Transmission Tasks

These are the upload and download tasks scheduled or triggered manually to send or receive the files to/from clearinghouse/payer. The title bar will turn RED if there are payer reports in status "Pending" or "In Progress" for the selected date period.

4) EDI and Paper Tasks

This is the outbound EDI creation tasks (837P, 837I and 270) scheduled or triggered manually. The title bar will turn RED if there are payer reports in status "Pending" or "In Progress" for the selected date period.

5) Patient Statement Tasks

These are the patient statement creation tasks in bulk or single. The title bar will turn RED if there are payer reports in status "Queued" or "Failed" for the selected date period.

6) Debt Set Off Reports

These are the debt set off reports created by Public Health Accounts. The title bar will turn RED if there are payer reports in status "Queued" or "Failed" for the selected date period.

7) Bad Debt Write Off Reports

These are the bad debt write off reports. The title bar will turn RED if there are payer reports in status "Queued" or "Failed" for the selected date period.

8) Input Claim Batches

These are the input claim batches received from clinics through APIs or uploaded by the clinics. The title bar will turn RED if there are payer reports in status "Queued" or "Error" for the selected date period.

9) Eligibility Inquiries

These are the eligibility inquiries in batch and real time. The title bar will turn RED if there are payer reports in status "Pending", "Queued" "Failed" or "Error" for the selected date period. The "Failed" status will appear if the inquiries fail due to network issues or certificate issues – this happens for real time inquiries. The "Error" status appears for inquiries which are added in Bulk Real Time Inquiry batch with errors reported and still not attended to.

In the future versions of the product, more widgets will be added and also current widgets will also be enhanced on a need basis.

7) [Ticket# 8163] Batch report performance issue and slowness

The batch report was slower when a larger date range is used, and ends up not giving the result after a few minutes. The SQL query used in the stored procedure is optimized to increase the performance of this report

8) [Ticket# 8167] Hot Patch | v4.0.0.1_367 | WildFly | Payer Report Processing scheduler issue

After migrating to WildFly Technology Platform, we noticed that the payer report processing scheduler was running. There was glitch in the module and was fixed. A hot patch was applied on July 05, 2018 as v4.0.0.1_367 on one of the servers.

9) [Ticket# 8180] WildFly | Performance Testing - Issues from Error Logs

The errors reported in the errors logs across all the performance test runs of expEDlum on WildFly platform for the last few months were analyzed. All of them were already fixed during the regression testing, and it was confirmed as part of this ticket.

10) [Ticket# 8241] MB: "Practice analysis by claims" report grand total issue

The practice analysis by claim reports was having two issues –

- 1) The group total was coming wrong on the columns primary adjustment, primary paid and primary pr.
- 2) When the report is run for large date ranges the totals were exceeding the ten-digit number limit given to the amount fields in the stored procedure.

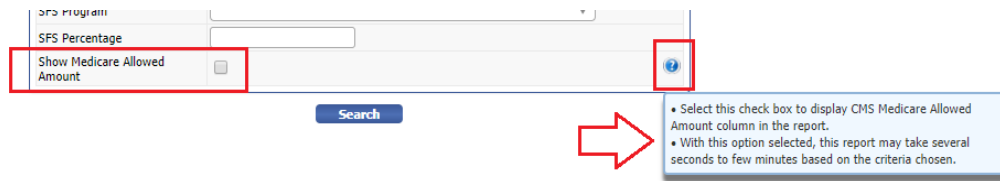
As this was an SP change, both issues were fixed and a hot patch is deployed as v3.6.8.2/v4.0_368 on all production and demo servers on July 17, 2018.

11) [Ticket# 8262] CMS Medicare Allowed Amount | Tool tip and Confirmation Boxes

In one of the previous releases, the option to display the CMS Medicare Allowed Amount is implemented on some of the reports in the system. The CMS Medicare Allowed Amount is fetched from a big fee schedule database from Medicare, and running the expedium reports with this option selected can take several minutes.

Hence, to alert the user about it, tool tips and confirmation messages are introduced in these reports, so that users don't accidentally run the reports with this option turned on, and instead stop and decide before running it.

- 1) Tool tip – A tool tip is provided near the "Show Medicare Allowed Amount" checkbox as the first level of alert.



- 2) Confirmation Box – A confirmation box will popup (as show in the below figure) if “Show Medicare Allowed Amount” is selected and “Search” button is clicked to bring up the report. The user can choose to go ahead with the report creation by clicking on “Proceed” and revert from report creation by clicking on “Cancel” button.



12) [Ticket# 8348] Inbound 837P/837I Payload - Issue in parsing Prior Auth, Rendering Provider, Other Treatment Auth Code, Other Doc Control Number

While processing the inbound ambulance claim batch in 837P format from one of the ambulance agencies, the following glitches were noticed –

- 1) The prior authorization number was not processed correctly. The system was looking for a wrong qualifier to fetch the number.
The 837P 4010 A1 and 837P 5010 inbound components are fixed to take the prior authorization number from 2300 REF when the qualifier is “G1”

- 2) As there is no individual provider in ambulance claims, the 2310B Loop for Rendering Provider was not present. In this case, the system is expected to take the rendering provider information from the loop 2010AA which is the billing provider. The component was not handling this, and hence all their claims were failing with error on rendering provider name and NPI not present. The users had to pull the provider from the rendering provider lookup provided near Box 31 to the claim form as part of scrubbing. This is fixed in this version in 837P 4010 A1 and 837P 5010 inbound components – now the rendering provider name and NPI will be taken from billing provider if the information is not found in rendering provider loop.
- 3) The fields “Other Treatment Authorization Code” (Prior Authorization Number of the other payer) and “Other Document Control Number” (Payer Claim Control Number of other payer) were not processed from inbound 837I 5010 components. This is fixed. These fields will be taken from 2330B REF segments when the qualifier is G1 and F8 respectively.

13) [Ticket# 8361] MDR | Transmission Profile - SFTP download Test connection issue

In the administrator module, the “Test Connection” button on Transmission Profile’s “Download” section was reporting “Connection failed” (due to authentication failure) on a particular Secure FTP site, even though it is getting connected from external tools such as “FileZilla”.

There was a “\$” symbol in the password and the system was encoding the password field before giving to the “Test Connection” operation. This “encodeURIComponent” operation is removed now on this option. A quick patch is applied on the server which was having this secure FTP site configured, on July 27, 2018.

14) [Ticket# 8395] Inbound 4010A1 835 Processing - Sporadic Issue

A handful of ERA files were found unprocessed during the daily monitoring of ERA Files. These were 4010A1 835 files and were not processed in servers where expEDlum is hosted on WildFly. These files were processed when requeued. A minor glitch was found in the inbound engines. All

inbound engines are fixed now. Also, the Claim Payment Status on the Posting Details Screen was showing "null" - this is was also fixed.

This is deployed as a hot patch v4.0_3.6.8.2 on all the production and Demo servers on Aug 07, 2018.

RESTRICTED USE

Bugzilla List of tickets available in this release

#	iTech Ticket#	Client	Client Ticket #	Summary	Version
1	7431			Dashlet to show "Claims in Review" explicitly and make it more obvious	v4.0.1
2	8037	Patagonia	29170	PH: Additional filter in Cash Posting by Program Report	v4.0.1
3	8105	MDReports		MDR: Claim Notes Sort Order Issue	v4.0.1
4	8132	MDReports		MDR: Patient Ledger - Default Sort	v4.0.1
5	8138	Patagonia	29192	PH: Denials Search Claims Listing fails	v4.0.1
6	8147			expEDlum Key Indicators Monitoring Screen/Dashboard	v4.0.1
7	8163			Batch report performance issue and slowness	v4.0.1
8	8167			Hot Patch v4.0.0.1_367 WildFly Payer Report Processing scheduler issue	v4.0.0.1_367
9	8180			WildFly Performance Testing - Issues from Error Logs	v4.0_367
10	8241	Shoolin		MB: "Practice analysis by claims" report grand total issue	v3.6.8.2/v4.0_368
11	8262			CMS Medicare Allowed Amount Tool tip and Confirmation Boxes	v4.0.1
12	8348			Inbound 837P/837I Payload - Issue in parsing Prior Auth, Rendering Provider, Other Treatment Auth Code, Other Doc Control Number	v4.0.1
13	8361	MDReports		MDR Transmission Profile - SFTP download Test connection issue	v4.0.1
14	8395			Inbound 4010A1 835 Processing - Sporadic Issue	v4.0.0.1_368

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