

expEDlum Medical Billing

v4.4

Release Note

Release Date: May 18, 2019

Table of Contents

expEDlum v4.4 release note.....	4
1) [Ticket#6058] MDR: ESB Phase 1 Support for Electronic Super Bill	4
Templates Configuration	6
Create ESB.....	6
ESB Status Handling.....	8
ESB View/History	9
Filters from Patient View Screen	10
Print ESB	10
2) [Ticket#7830] PH: Go To Page Option Claim Search Results Page.....	12
3) [Ticket#9193] PH: Add/Edit Ledger Transaction Configure Facility and Practice fields as optional/mandatory.....	12
4) [Ticket#9293] PH: Ledger trail Add/Edit/Delete – Feature Enhancement.....	15
5) [Ticket#9391] MDR: Report Format Change By RA Date By Provider	20
6) [Ticket#9413] MDR: ESB Phase 1 ESB Print From Edit Professional Claim Screen.....	22
7) [Ticket#9414] MDR: ESB Phase 1 ESB Follow up – Filters from patient view screen	23
8) [Ticket#9464] MDR: Additional Columns in Appt. Print View	24
9) [Ticket#9478] PH : Insurance Payment Activity Report - Enhancements.....	25
10) [Ticket#9486] Support for more provider types in Rendering Provider Setup.....	26
11) [Ticket#9488] MDR: Appointment Detail Report.....	27
12) [Ticket#9489] MDR: Patient List Configurable Columns – Viewing Patient List.....	31
13) [Ticket#9490] MDR: Support for Payer Address 2 in Professional Claims.....	33
14) [Ticket#9491] PH: Print Created By/Created Date Cash Posting Report (All flavors)	36
15) [Ticket#9495] Patient List – Additional filters must support “Having Confidential Claims” and “Having only confidential claims”	36
16) [Ticket#9543] Insurance Payment Activity By Payer – Percentage Fix.....	37

17) [Ticket #9544] Operator Privileges Fix – Edit PAN, Dashboard View	38
18) [Ticket #9557] PH: Claim Search Account settings to configure Sort By and Sort Order fields 38	
19) [Ticket #9589] PH: Revenue Board Report – Fix for transactions appearing in empty SFS Program Group.....	39
20) [Ticket #9621] MDR : Auto Generate PAN setting is getting disrupted	39
21) [Ticket #9644] Removal of Duplicate Database Column Indexes.....	40
22)[Ticket #9645] Tuning Slow Queries By Changing Construct	40
23) [Ticket #9647] MDR: Appointment Scheduler print Extra page generated	41
24) [Ticket #9648] PH: Patient Balance Summary window Showing wrong Program name	41
25) [Ticket #9650] PH: Dashlets SFS Program Dropdown Display issue	41
26) [Ticket #9651] MDR: Appointment Scheduler auto refresh issue.....	42
27) [Ticket #9685] Exception Reported on screen Institutional Claim – View/ Edit Screen	43
28) [Ticket #9690] PH: 837I Outbound EDI edit Allow Billing Provider Taxonomy Code for Medicaid Missouri (MCDMO).....	43
29) [Ticket #9744] PH: Patient Statements Stuck in queue	44
30) [Ticket #9798] PH: Session Expiry on opening Screens on Multiple Tabs	44
Bugzilla List of tickets	46

expEDlum v4.4 release note

This release note describes tickets that are either enhancements or new features or bug fixes. Some tickets may refer to other tickets from previous releases. These tickets are combination of change requests from any of our partners and that are internally identified at iTech. A summary of tickets is provided in the last page of this release note. On request, we can provide any specific release note for any earlier release. This release note is also available from our website at <http://www.itechws.com/releasenote> for the last few releases.

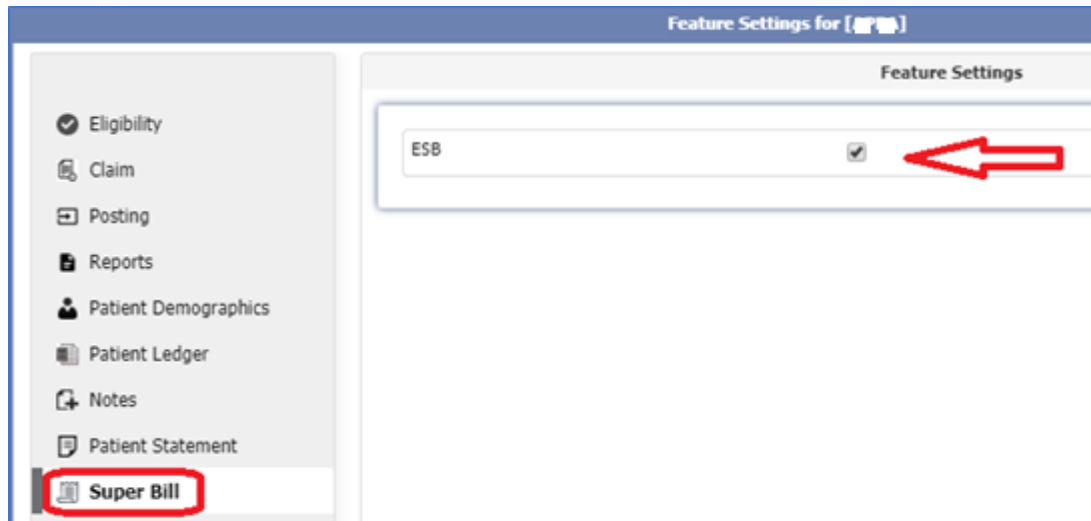
1) [Ticket#6058] MDR: ESB | Phase 1 | Support for Electronic Super Bill

As per the client request, a new feature called "ESB – Electronic Super Bill" is introduced in "Patient Demographics" and "Appointment Scheduler" module. Most clinics have a 1-pager called the "Super Bill" which will carry basic encounter/assessment details for a patient that gets filled out during each patient visit. This super bill will carry basic patient information, provider information and encounter details including DX codes, services and units performed. Typically, these super bills are origination point for creation for claims for the patient encounters. In this version, expEDlum is supporting electronic form of super bills that can be customized for each clinic.

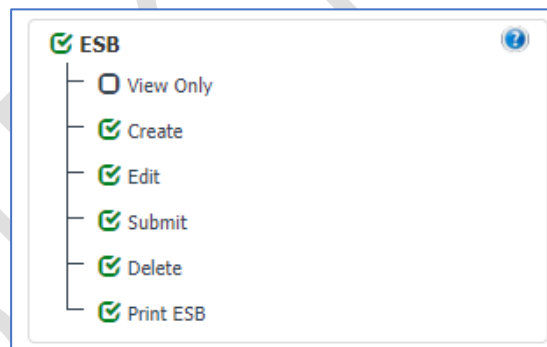
The users can:

- 1) Create an ESB manually on expEDlum
- 2) Keep a trail/history of ESB's for a given patient.
- 3) Print an ESB on paper and generate claims out of ESB's.
- 4) Submit ESB's into expEDlum from other applications such as EMR.

By default, ESB will be disabled for all the accounts. On demand, administrator can enable ESB when a request is received from a practice account. The ESB feature can be enabled only from Admin module as shown below.



The ESB feature access is available to the operators/user under a practice account based on the privileges configured by administrator under user role settings or custom operator privilege settings.



View Only If this option is checked the user can only view the super bill and will not be able to create/edit/save/submit ESBs from patient DMG/Appointment modules.

Create If this option is checked the user can create ESBs.

Edit If this option is checked the user can edit ESBs.

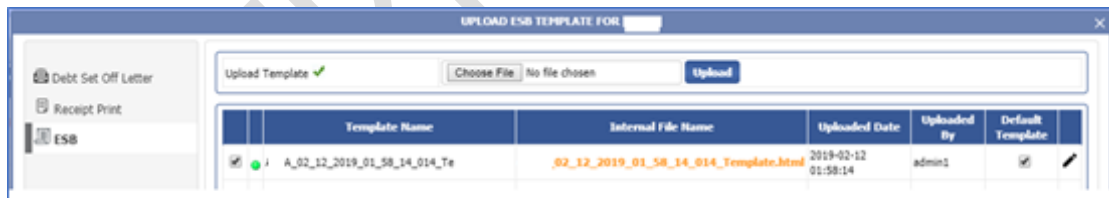
Submit If this option is checked the user can submit ESBs as primary professional/HCFA claims.

- Delete** If this option is checked the user can delete ESBs.
- Print ESB** If this option is checked the user can print ESBs from Patient Demographics and also from HCFA claim form.

Templates Configuration

This option is available for from the Upload Template option provided for each practice account in the account list screen in administrator login.

- 1) The administrator can upload one or more templates and assign one or more templates to a practice account
- 2) The administrator can name the templates, enable/disable templates, select and assign the templates to be used, and also set a default template.
- 3) The administrator can delete the templates which are not used/inactive.
- 4) As the administrator can assign multiple ESB templates and enable it. Those enabled templates will be shown in the 'Choose Template' drop down in the Add/Edit ESB screen on the practice module.
- 5) The template set as default, will appear in template drop down as the chosen template by default on Add/Edit ESB screens on the practice module.



Note: The templates with green indicator are active templates and cannot be deleted as it is associated with one or more ESBs. The inactive templates are shown with grey indicator and can be deleted.

Create ESB

The users can create new ESBs from Patient Demographics and Appointment Scheduler Agenda View. This ESB icon column will appear for practice accounts only if ESB feature is enabled for

the account and individual operators/user under that practice account can access the ESB features based on the privileges granted to them.

	First Name	Last Name	SSN	DOB	Last DOS	Last Eligibility Checked	Last Authorization Checked	Balance Due						
<input type="checkbox"/>	A DAQQ	HJRFHG	455444718	1931-01-28	2018-09-24	Eligible	2019-03-20 08:32:51	In Progress	2018-09-25 07:56:44	\$0.00				
<input type="checkbox"/>	A DAS	HINSONDSADS	463227633	1923-06-09	2019-03-18	Created	2019-01-30 10:36:23			\$0.60				
<input type="checkbox"/>	A		acv	1982-06-16	2019-02-13	Created	2018-11-14 04:31:18	Created	2018-11-13 00:27:32	-\$19.00				

If the practice account has ESB feature enabled and templates are not configured the system will display a message “ESB Template is not configured” and the user must contact administrator to configure the ESB template. If the account is configured with ESB templates, the user can choose the configured template and use it to create ESBs.

The following screen shows the ESB Screen loaded from the expEDlum Default ESB Template.

All the configured ESB templates will be shown in “Choose Template” drop down. The users can choose the templates available from this drop-down menu to change the ESB template. While creating a new ESB from the patient screen or patient appointment module for a patient, by default all the patient details and insured details will be auto populated by the system as read-only. The user cannot modify these patient demographics fields from ESB screen.

The screenshot shows the 'Electronic Super Bill' form. At the top, there is a 'Choose Template' dropdown set to '02_12_2019_01_58_14_014_Te'. The form is divided into two main sections: 'Patient Details' and 'Insured Details'. Both sections have fields for First Name, Middle Name, Initial, Last Name, DOB, Sex, PAN, Address 1, City, State, and Zip. The 'Insured Details' section also includes 'Pri. Payer', 'Sec. Payer', 'Pri. Insured ID', and 'Sec. Insured ID'. Below these sections is a 'Diagnosis Codes (Version: ICD-10)' section with a row of 12 dropdown menus labeled DX 1 through DX 12. The status bar at the top right shows a green checkmark and the word 'Status'.

The user can specify the diagnosis codes. An empty service line will be shown as default. The user can enter the service line details and also add more service lines, remove service lines dynamically. While creating an ESB from patient appointment module, the DOS and Billing Provider details will be auto populated from the respective appointment. The created ESBs will have "Created By" details on the left bottom of the screen and the updated ESBs will have additionally "Updated By" details on the right bottom of the screen.

The screenshot shows the 'Service Facility/Location' and 'Billing provider' sections. Both sections have fields for Name, Address 1, City, State, Zip, and NPI. The 'Service Facility/Location' section has a dropdown for Name. The 'Billing provider' section has a dropdown for Name and a 'Tax ID' field. At the bottom of the form, there are two red-bordered boxes: 'Created By: On 2019-02-20 06:44:16.279' and 'Updated By: On 2019-02-20 06:44:27.369'. A 'Cancel' button is located at the bottom right.

Once ESB is submitted then a professional/HCFRA primary claim will be created automatically with details from ESB.

ESB Status Handling

There are various statuses and status transitions handled in ESBs based on the workflow. When ESB is created and saved with full or partial details, it will be marked as In Progress. The user can edit and save (using Save button) ESB multiple times and the status will remain as In Progress. The user can mark the ESB as Completed/Approved (by clicking on Save + Mark as Completed) once it is ready to be reviewed and submitted for claim creation. When the ESB is in Complete status, the user can edit the ESB and mark as In Progress by clicking on Save button or mark as Completed by clicking on Save + Mark as Completed. Note, the ESBs are editable only when they are in In Progress or Completed status. The Submit button will be available only when the ESB is in Completed Status

- Add Service Line button.
- Deleted Service Line button.
- Total Charge Calculate button.
- Save button.
- Save + Mark as Completed button.

[illegible]

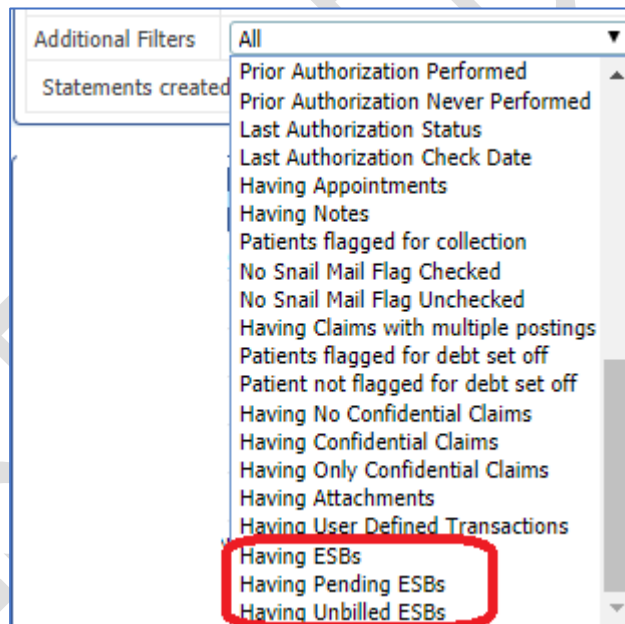
Filters from Patient View Screen

In the Patient List screen, we have added three new ESB based patient filters in the Additional Filters Drop down menu.

- 1) **Having ESBs** – This option will filter patients having one or more ESBs irrespective of their status.
- 2) **Having Pending ESBs** – This option will filter patients having ESBs that are in **In Progress** status and waiting to be followed up by the user.
- 3) **Having Unbilled ESBs** – This option will filter patients having ESBs that are reviewed, marked as Completed and but not yet submitted as a claim.

The above-mentioned filters are available from Eligibility and Appointment module in Patient lookups as well.

Note: These filters are visible only for the accounts having the ESB option enabled.



Print ESB

The **Print ESB** option is available on ESB screen and view/edit professional/HCFR claim screen. The print ESB feature will be available only for the user logins having the ESB option with the **Print ESB** privilege enabled.

Electronic Super Bill

Choose Template: DUNKLIN_05_07_2019_08_19_57_057

Print ESB Status: []

Patient Details						Insured Details							
First Name	A	ry	Middle Name	Last Name	Test	First Name	A	ry	Middle Name	Last Name	Test		
DOB			Sex	F	PAN	DOB	1988-03-07		Sex		Pat Relationship		
Address 1	1804 Treasure St					Pri. Payer	Medicaid - Missouri...					Pri. Insured ID	
City	8	sett	State	MO	Zip	63857	Sec. Payer	Self Pay					Sec. Insured ID
												self	

Diagnosis Codes (Version: ICD-10)

* J9622 [] J156 [] J440 [] J429 [] DX 5 [] DX 6 [] DX 7 [] DX 8 [] DX 9 [] DX 10 [] DX 11 [] DX 12 []

* Please specify all the date fields in [mm/dd/yyyy] format

* 241,243,32a,32b,33a and 33b will be automatically populated when a Payer code is selected from the system

Print Claim as ESB * ClaimStatus: X Error

View Claim [0375321462]

[Claim History](#) [Claim Notes](#) [Open Ledger](#)

Cancel

Name of Field In Error	Field Value	Error Description
Other Insured Policy or Group Number		Other Insured Policy or Group number and Other Insured ID cannot be same
Other Payer ID		Other Payer ID cannot be 'SELF'
SFS Program		SFS Program is missing

Patient System ID: 0238936659

Payer ID: MCDMO []

Electronic Super Bill

Patient Details						Insured Details					
First Name	J	ry	Middle Name		Last Name	Test	DOB	1988-03-07			
Sex	F		Pan		Address1	81 Treasure St					
City	8	sett	State	MO	Zip	63857					
First Name	J	ry	Middle Name		Last Name	T	DOB	1988-03-07			
Sex	F		Pat Relationship	Self	Pri. Payer	Medicaid - Missouri					
Sec. Payer	Self Pay					Pri. Insured ID	00000				
Sec. Insured ID: self											

Service Line Details						
Service Date	Diagnosis	Procedure Code	Modifier	Unit	Charges	
2019-04-08 - 2019-04-08	J9622, J156, J440, J429	99232		1	\$0.00	
2019-04-09 - 2019-04-09	J9622, J156, J440, J429	99232		1	\$0.00	
2019-04-10 - 2019-04-10	J9622, J156, J440, J429	99232		1	\$0.00	
2019-04-11 - 2019-04-11	J9622, J156, J440, J429	99232		1	\$0.00	
2019-04-12 - 2019-04-12	J9622, J156, J440, J429	99232		1	\$0.00	
					Copay: \$0.00	Total Charges: \$0.00
						Balance: \$0.00

Billing Provider				Service Facility/Location			
Name	DU	JN	INT	EAL	D	Name	
Address1	4		CO	8	D	Address1	
City	KZI		State	MO	Zip	63857	
NPI	57		Tax ID	12692		NPI	

Rendering Provider		Referring Provider	
Name	BE	F	ANI
NPI	44239	Taxonomy	800000

Glossary	
Procedure Code	Description
99232	SUBSEQUENT HOSPITAL CARE
Diagnosis Code	Description
J429	Cardiomyopathy, unspecified
J440	Chronic obstructive pulmonary disease with acute lower respiratory infection
J9622	Acute and chronic respiratory failure with hypercapnia
J156	Pneumonia due to other Gram-negative bacteria

Note:

- 1) This print option from the ESB screen is applicable only for ESBs that are in Completed and Billed Status.
- 2) The print ESB option is available only for Professional (HCFA) claims in view/edit mode.
- 3) We can print ESB for professional claims irrespective of whether it is created out of an ESB or it is manually keyed in or came as a payload from EMR.
- 4) When ESB is printed from ESB screen, the ESB details are fetched from Patient Demographics and ESB, and when the ESB is printed from claim screen the ESB details are fetched from claim.

2) [Ticket#7830] PH: Go To Page Option | Claim Search Results Page

One of our clients had requested for a new feature "Go to Page Option" in Claims Search Results screen at the bottom of the results screen. We introduced this new option in the claims search results page. This **Go to Page** option on claim search result screen will make it easy and efficient for the users to fetch claims from the given page within the total no pages available in the result set. The search field is editable and helps user search claims from a given page. A **Go** button is available with the page search field which will fetch the result for a given page.

Claims Search Results Print

[Insurance Type : All, Claim Status: All, Provider : All, Serviced By Provider : All, Referring Provider : All, Location : All, Age : 90 Days, Claim Mode: Production, Sort By: Claim Received Date(Descending), Claim Clone Option : Yes, Confidential : All, Site Code : All, SFS Program: All, Claim Review Status: All]

				Claim ID	Batch ID	DOS	Copay	Amount	Payer Paid	Patient Paid	DX Version	Patient Name	Payer	Date Received	Created By	Locked By	
P				1322217952	1624567306	2019-02-13	0.00	330.00	0.00		ICD-10		51028	2019-02-13 02:30:50			
P				0863702653	1038917682	2019-02-13	0.00	330.00	0.00		ICD-10		PAPER	2019-02-13 00:58:05			
P				0979002736	0353530860	2019-02-12	0.00	10.00			ICD-10		SB810	2019-02-12 08:11:55			
S				1760883148	1679294372	2019-01-03	0.00	10.00	0.00		ICD-10			2019-02-12 07:38:16			
P				0991919301	0760809819	2019-02-12	0.00	155.47	0.00		ICD-10		SELF	2019-02-12 07:20:13			
P				1770527415	0924739903	2019-02-11	0.00	155.47			ICD-10		SELF	2019-02-11 08:51:37			
P				1363991578	0067073867	2019-02-06	0.00	10.00			ICD-10		NCXIX	2019-02-07 05:57:36			
P				0058767942	1294597243	2019-02-07	0.00	10.00			ICD-10		NCXIX	2019-02-07 05:48:20			
P				1205846120	0124683931	2016-02-26	10.66	300.66			ICD-10	PATIENT1 LN PATIENT1 FN PATIENT MN	13162	2019-01-29 04:37:34			
P				0071717151	2027032878	2016-02-26	10.66	300.66			ICD-10	PATIENT1 LN PATIENT1 FN PATIENT MN	13162	2019-01-29 04:06:48			

Total Claims 163 Page 11 12 13 14 15 Page 12 of 17 Go

3) [Ticket#9193] PH: Add/Edit Ledger Transaction | Configure Facility and Practice fields as optional/mandatory

One of the clients had requested to make facility field and practice field as mandatory in the add/edit ledger transaction screen. Currently, the add transaction screen in the patient ledger

supports SFS Program (for Public Health Clinics), Transaction Amount and Transaction type as mandatory fields. The facility field is optional and allows user to add transaction even if "facility" is not specified. Hence, we have introduced an option for the practice account to configure mandatory property for the below listed three transaction fields from Ledger Transaction Type Maintenance screen under Maintenance >> Ledger Transaction Types global and user defined/custom transaction types of their choice. This is available from **Edit Transaction Type** and **Add Custom Transaction Type** screens.

- 1) Show receipt number field on Add Transaction screen.
- 2) Show facility field on Add Transaction screen.
- 3) Show practice field on Add Transaction screen.

The clinic can choose the field by enabling the check box to make it mandatory. By default, the check box will be disabled, and the user can enable it when needed.

If these fields are made mandatory, in add/edit ledger transaction screen, they will be highlighted with red asterisk and alerts the user if left empty/not specified. This feature is applicable for global transactions, user defined/custom transactions - Patient level and claim level screens, and also from Debt set Off add/edit transaction screens. The receipt number has two options Auto and Custom. The mandatory checking and alert on Receipt Number field is applicable only when user chosen Custom and leave the receipt number as empty.

Add Custom Transaction Type

Transaction Type Name *

Transaction Name

Type

☒ Accountable

☐ Informational

Amount Type

☒ Payment

☐ Charge

Screen

Patient Level & Claim Level

Mode

Enable

Allow Deletion on ledger screen

☒

Reason For Deletion

☐

Show receipt number field on Add Transaction screen

☒

Mandatory

☐

Show facility field on Add Transaction screen

☐

Show practice field on Add Transaction screen

☐

Save

Cancel

Note:

For a newly created account, the service facility option will be enabled by default for all global transactions under Maintenance >> Global Ledger Transaction type. So, if the facility field is made mandatory then one more service facilities have to be configured in the account setup before user starts adding ledger transactions from Add Transaction Window. This is also applicable for all existing practice accounts where no service facility is configured in account setup and facility field is made mandate for transactions. In the case of practice, there will be at least one practice configured, and above said scenario will not arise.

4) [Ticket#9293] PH: Ledger trail | Add/Edit/Delete – Feature Enhancement

Previously, the system was not designed to provide a complete end to end trail of the financial transactions added by user into the ledger. We have audit logs which will track the activities, but all the trails were not persisted into the database for the users to view or create reports. The add, and edit and trails were viewable from ledger screens and also from the reports such as Cash Postings Report and Ledger Edit Trail report. The users were able to view the deleted transactions from Deleted Cash Posting screen, but it was not saved in database together trail of original transaction. When a claim was deleted all the ledger transactions at claim level, their created and updated trails in trail table will be permanently deleted. However, if any of the ledger transactions at claim level are deleted before claim was deleted, this audit will be available in the delete audit table and can be seen from Deleted Cash Postings reports - this delete audit will still remain even when the claim is deleted so that Deleted Cash Posting Report can still display them.

The following changes were made as part of the feature enhancement in Ledger Add/Edit/Delete.

- 1) A New button “Deleted Transactions”** is introduced in the patient ledger screen. When user clicks on this, the system will pop up a new window with deleted transaction details and the trail. As this feature is newly introduced, for backward compatibility, the existing deleted transactions are migrated into the trail table together with a “Created” trail entry using the details available in the delete audit table. The transactions deleted after the release will have

the deleted trail together with the created and updated trail and will be displayed in the Deleted Transactions screen. This is a subsidiary screen to list the deleted transactions (with details as seen in patient ledger) of that patient and an option/icon to open another window to view the created, edited, deleted trail of that transaction. The last deleted transaction will be displayed on top of the list. On click, the trail of that deleted entry will be shown based on the obsolete/delete ledger transaction ID – in the order of created, updated and deleted. The Deleted Transaction screen also has a print button to open the list in a print preview screen and export/print.

LEDGER FOR PATIENT [A DAQQ HJRFHG | 1931-01-28]

Ledger Notes Print

☒ All
 ☐ Last month
 ☐ From till date
 ☐ Between From To

Transaction Type Sort By Transaction Date Claim Closure Status All

Claim Type Professional SFS Program Select

		Tx Date	DOS	Transaction Type	Co-pay	Charges	Insurance Payments/Credits	Adjustments	Patient Responsibility	SFS Abbr.			
<input type="checkbox"/>	P	04/18/2019	04/09/2019	Patient Payment(Cash)(#1118)	0.00	0.00	70.00	0.00	0.00	AH			
<input type="checkbox"/>	P	04/17/2019	04/09/2019	vw(#1103)	0.00	0.00	5.00	0.00	0.00	AH			
<input type="checkbox"/>	P	04/12/2019	04/09/2019	. mlml	0.00	123.00	0.00	0.00	0.00	AH			
<input type="checkbox"/>	P	04/12/2019	04/09/2019	Patient Paid(#1099)	0.00	0.00	10.00	0.00	0.00	AH			
<input type="checkbox"/>	P	04/09/2019	04/09/2019	Primary Claim Submission(21st Century Health and Benefits)	0.00	100.00	0.00	0.00	0.00	AH			
<input type="checkbox"/>	P	02/21/2019	09/24/2018	Patient Payment(Cash)(#1067)	0.00	0.00	34.00	0.00	0.00	AB			
<input type="checkbox"/>	P	09/24/2018	09/24/2018	Primary Claim Submission(Medicare-660031)	0.00	30.00	0.00	0.00	0.00	AB			
<input type="checkbox"/>	P	09/24/2018	09/24/2018	Primary Claim Submission(Medicare-660031)	0.00	30.00	0.00	0.00	0.00	AB			
<input type="checkbox"/>	P	09/24/2018	09/24/2018	Primary Claim Submission(Medicare-660031)	0.00	30.00	0.00	0.00	0.00	AB			
<input type="checkbox"/>	P	09/24/2018	09/24/2018	Primary Claim Submission(Medicare-660031)	0.00	30.00	0.00	0.00	0.00	AB			
CURRENT BALANCE DUE										-\$15.00			

Total Transactions 11

Page 1 2

Page 1 of 2

☐ Flagged for debt set off

Deleted Transactions

Print

Tx Date	DOS	Transaction Type	Co-pay	Charges	Payments	Adjustments	SFS Abbr.	
01/04/2019	2018-09-24	djefukyrkecec	0.00	30.00	0.00	0.00	AB	

2) In **Cash Postings Reports** (Default, By Transaction, By Program, Trail), the transaction date filter label will have a drop down where the user can select Transaction Date or Created Date. By default, Transaction Date will be selected in the drop down. This new drop down is applicable in both Public Health and Non Public Health practice accounts. A new option (check box) is introduced to show/hide Created Date and it will be unchecked by default. Also, the radio button for report types (Default, By Transaction, Edit Trail) is changed to drop down and **Edit Trail** is now renamed as **Trail**.

If the report type is chosen as **Trail**, the option "Show Created Date" will be removed as the trail report already has Action Date column which will have Create Date for created trail entry, Updated Date for updated trail entry and Deleted Date for deleted trail entry. Also, a new sub-option called **Trail Type** will appear with 3 drop downs –

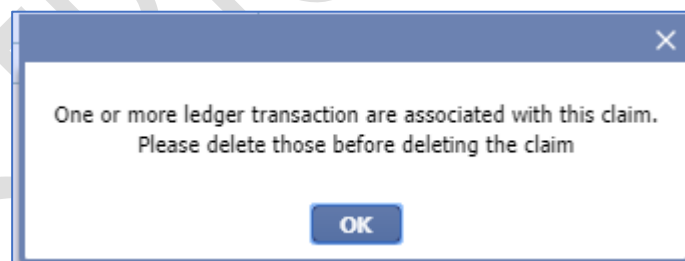
- a) **Updated (default option)** = This option is selected by **default**. Choose this option to show the trail of **existing transactions** which are edited/updated at least once. The **created** trail and **updated** trail of those transactions will be shown. This is the same "Edit Trail" report available in the previous versions of the product. The deleted transaction having updated trail will not be shown when this option is chosen.
- b) **Updated or Deleted** = Choose this option to show the trail of **existing transactions** which are edited/updated at least once and the trail of **deleted transactions**. The **created trail, updated trail, and deleted trail** of the respective transactions will be shown.
- c) **All** = Choose this option to fetch the **trails of all transactions** that are created, edited or deleted.

Show Created Date	<input type="checkbox"/>
Transaction Date ▼	<input checked="" type="radio"/> Daily <input type="text" value="04/24/2019"/> <input type="radio"/> Weekly/Date range <input type="text" value="04/21/2019"/> <input type="text" value="04/27/2019"/> <input type="radio"/> Monthly <input type="text" value="APR"/> Year <input type="text" value="2019"/> <input type="radio"/> Yearly <input type="text" value="2019"/>
Report Type	Trail ▼
Trail Type	Updated ▼
<input type="button" value="Search"/>	

3) Delete Claims

Previously, when the claim is deleted, the claim level ledger transactions for that claim will be deleted and those deleted ledger transactions were not recorded and will not appear in the Deleted Cash Postings Reports, as the report was designed to save the audit of manually deleted ledger transactions.

Now when the user tries to delete the claim, the system will check whether any associated ledger transactions are present in ledger for that claim. If yes, an alert will pop up asking the user to manually delete the ledger transactions from the ledger and then delete the claim.



This ensure that that the onus of deleting ledger transactions will be on the user and also those delete transactions will have the trails recorded in the system.

4) Deleted Cash Postings Report – The report was previously generated from the delete audit table. This table is not deprecated and the existing entries are moved to ledger trail table together with a “Created” transaction trail entry constructed using the details available

in the delete audit table. All new deleted trails will be now stored in the ledger trail table now. Hence this report will fetch data from the ledger trail table from this release onwards.

5) Data Migration - The existing entries in the ledger trail table is updated to have account key column and Public Health Flag and also PR Amount Column (this is not currently used) in addition to the parent ledger transaction ID, and will be updated from existing ledger entries. This is to accommodate the migrated entries from the delete audit table in the ledger trail table which does not have any transaction ID reference.

The deleted transactions will be migrated from Delete Audit to Ledger Trail table as "Deleted" trail. For each migrated delete trail, a created trail also will be constructed in the ledger trail table with the details available in the delete audit table. The delete audit has the transaction date and deleted date. The transaction date will be used as action date for created trail and also transaction date when creation trail is constructed. The deleted date will be used as the action date for the delete trail on migration. The details such as Remote IP address, Reason for Deletion fields will be also migrated from the delete audit table.

For troubleshooting and for reference purposes, the system will still keep the delete audit table after the migration and will not be deprecated. However, the system would stop inserting rows in this table and will insert into ledger trail table instead.

6) Audit Log Enhancements - The audit log eCP-audit.log is enhanced to have the following new entries – Ledger Transaction ID, Transaction Code, Patient System ID and PAN

For the transactions, "Patient Payment – Debt Set Off (<payment_method>)", The audit log was always showing "Debt Set Off" as the transaction type. This is changed to have the respective types as shown below, based on the payment method chosen.

Patient Payment - Debt Set off (Cash)
Patient Payment - Debt Set off (Check)

Patient Payment - Debt Set off (Credit Card)
--

Patient Payment - Debt Set off (Other)
--

5) [Ticket#9391] MDR: Report Format Change | By RA Date By Provider

As per the request from one of the clients, we have separated the columns in report i.e. "No of Services" and "Amount" in Claims by RA Date by Provider for report type Summary and Detail. This is available under the menu Reports >> Payment Analysis >> By RA Date by Provider. The client had requested for a report having separate columns for Number of Services Billed, Amount Billed and categorize total by provider. Previously the data was separated by "/" for No of Services and Amount. Now the report will display separate columns for each data.

Below shows the sample Claims by RA Date by Provider Report (Summary) and Detail – you can see the report displaying No of Services and Amount in separate columns for the date range selected with each payer and provider for billed, paid and adjustments and the grand total for all Payers and all providers. Note, these changes in the report will reflect on "Export to CSV, EXCEL and PDF's".



Claims by RA Date by Provider Report (Summary)

Claim Closure Status: All
Posted Date From : 01/01/2018 To 03/31/2018
Rendering Provider[s] : All
Zero Charges Excluded : Yes
Zero Payments Excluded : Yes

		Number of Services & Amount					
		Billed		Paid		Adjustments	
		No. of Services	Amount	No. of Services	Amount	No. of Services	Amount
PAYER : 06607 - CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS		59	\$11099.54	59	\$11099.54	0	\$0.00
PROVIDER:	NPI:	1	\$94.04	1	\$94.04	0	\$0.00
PROVIDER:	NPI:	58	\$11005.50	58	\$11005.50	0	\$0.00

		Number of Services & Amount					
		Billed		Paid		Adjustments	
		No. of Services	Amount	No. of Services	Amount	No. of Services	Amount
PAYER : 13010 - SMOKY MOUNTAIN CENTER		826	\$142692.49	826	\$142457.83	2	\$234.66
PROVIDER:	NPI:	4	\$266.44	4	\$266.44	0	\$0.00
PROVIDER:	NPI:	5	\$333.72	5	\$333.72	0	\$0.00
PROVIDER:	NPI:	4	\$306.25	4	\$306.25	0	\$0.00
PROVIDER:	NPI:	30	\$4491.63	30	\$4491.63	0	\$0.00
PROVIDER:	NPI:	106	\$20113.50	106	\$20113.50	0	\$0.00
PROVIDER:	NPI:	213	\$37660.59	213	\$37566.36	1	\$94.23
PROVIDER:	NPI:	140	\$22835.07	140	\$22835.07	0	\$0.00
PROVIDER:	NPI:	2	\$516.40	2	\$516.40	0	\$0.00
PROVIDER:	NPI:	168	\$39123.84	168	\$39123.84	0	\$0.00



Claims by RA Date by Provider Report (Detail)

Claim Closure Status: All
Posted Date From : 01/01/2018 To 03/31/2018
Rendering Provider[s] : All
Zero Charges Excluded : Yes
Zero Payments Excluded : Yes

		Number of Services & Amount					
		Billed		Paid		Adjustments	
		No. of Services	Amount	No. of Services	Amount	No. of Services	Amount
PAYER : 06607 - CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS		59	\$11099.54	59	\$11099.54	0	\$0.00
PROVIDER:	NPI:	1	\$94.04	1	\$94.04	0	\$0.00
Service Code Total: 90791		1	\$94.04	1	\$94.04	0	\$0.00
PROVIDER:	NPI:	58	\$11005.50	58	\$11005.50	0	\$0.00
Service Code Total: H0019		58	\$11005.50	58	\$11005.50	0	\$0.00

		Number of Services & Amount					
		Billed		Paid		Adjustments	
		No. of Services	Amount	No. of Services	Amount	No. of Services	Amount
PAYER : 13010 - SMOKY MOUNTAIN CENTER		826	\$142692.49	826	\$142457.83	2	\$234.66
PROVIDER:	NPI:	4	\$266.44	4	\$266.44	0	\$0.00
Service Code Total: 90791		2	\$188.08	2	\$188.08	0	\$0.00
Service Code Total: 90832		2	\$78.36	2	\$78.36	0	\$0.00
PROVIDER:	NPI:	5	\$333.72	5	\$333.72	0	\$0.00
Service Code Total: 90791		2	\$188.08	2	\$188.08	0	\$0.00
Service Code Total: 90847		1	\$67.28	1	\$67.28	0	\$0.00
Service Code Total: 90832		2	\$78.36	2	\$78.36	0	\$0.00
PROVIDER:	NPI:	4	\$306.25	4	\$306.25	0	\$0.00
Service Code Total: 90834		1	\$50.89	1	\$50.89	0	\$0.00

6) [Ticket#9413] MDR: ESB | Phase 1 | ESB Print From Edit Professional Claim Screen

One of the clients had requested us to give a print ESB option from ESB screen and professional primary claims. We have introduced a new print option for ESB from the ESB screen and Professional Primary claims. This section must be read along with description provided in ticket # 6058 above. The look & feel of the ESB printed is shown in ticket # 6058 above.

- 1) **From ESB Screen:** The user can print ESBs that are in **Completed** and **Billed** status from the ESB screen. While printing ESB are details are fetched from patient demographics. The "Print ESB" option privilege is visible for operators enabled with this option.

The screenshot shows a software interface for editing a professional claim. At the top, there is a 'Choose Template' dropdown menu set to 'APPA_02_12_2019_01_58_14_014_Te'. In the top right corner, there is a 'Print ESB' button with a printer icon, which is highlighted by a red rectangle. Next to it is a 'Status:' dropdown menu. Below these are two main sections: 'Patient Details' and 'Insured Details'. The 'Patient Details' section includes fields for First Name, Middle Name, Last Name, DOB, Sex, PAN, Address 1, City, State, and Zip. The 'Insured Details' section includes fields for First Name, Middle Name, Last Name, DOB, Sex, Pat Relationship, Pri. Payer, Sec. Payer, Pri. Insured ID, and Sec. Insured ID. At the bottom, there is a 'Diagnosis Codes (Version : ICD-10)' section with a row of 12 input boxes labeled DX 1 through DX 12, each with a search icon.

- 2) **From Claim Screen:** The user can print ESBs only for professional claims that are in view/edit mode. This is irrespective of whether the claim is created out of ESB module or not. While printing ESB from the claim screen all details will be fetched directly from claim screen. The "Print ESB" option is available only for users for which this Print ESB Privilege is enabled.

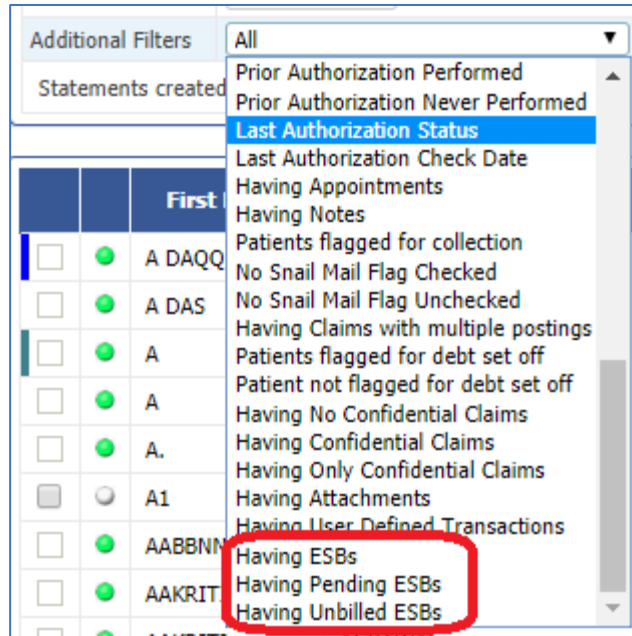
The screenshot shows a web application interface for managing claims. At the top, there is a red-bordered button labeled "Print Claim as ESB". To its right, the text "* ClaimStatus : Posted" is displayed with a green arrow icon. Below these are three tabs: "Claim History", "Claim Notes", and "Open Ledger". Under the tabs are two buttons: "Cancel" and "Delete". The main form area contains several input fields: "Payer ID:" with the value "NCXIX", "Payer Name :" with "Medicaid - North Carolina", "Address1 :" with "sdfa", "Address2 :" (empty), "City :" with "sdf", "State :" with a dropdown menu showing "NC", and "Zip :" with "12345".

7) [Ticket#9414] MDR: ESB | Phase 1 | ESB Follow up – Filters from patient view screen

The client had requested us to provide 3 options based on ESB follow up to the Additional filters drop down menu in the Patient List screen. Hence, we have introduced the following options:

- 1) **Having ESBs** – This option will filter patients that are having one or more ESBs irrespective of their status.
- 2) **Having Pending ESBs** - This option will filter patients having ESBs which are still in progress and that has to be followed up.
- 3) **Having Unbilled ESBs** - This option will filter patients having ESBs that are reviewed and marked as completed in status which can be submitted as a claim.

Note: The above-mentioned filters will be available only for those accounts which are enabled with the "ESB" option in the admin module.



This section must be read along with description provided in ticket # 6058 above.

8) [\[Ticket#9464\] MDR: Additional Columns in Appt. Print View](#)

The client had requested to provide additional fields to "Appointment Scheduler" print configuration. We already have an option to export the schedule from print configuration, however some fields were missing in the "Patient Appointments- Agenda View". Hence, we have added fields such as **Patient Sex**, **Patient Age** and **Patient SSN** to the "Appointment Scheduler Print Configuration".

Appointment Settings

Print Configuration

Available columns

- Appt. Confirmed
- Appt. Confirmed By
- Appt. Confirmed Date
- Appt. Confirmed Notes
- Created
- Last Elg Date
- Last Updated
- Mobile Phone #
- Notes
- Patient Account #
- Primary Insured ID
- Primary Insured Name
- Primary Insured Plan Name
- Ref. Provider Name
- Rescheduled

Total: 15

Selected columns

- Appointment Date
- Patient Name
- Patient DOB
- Provider Name
- Appt. Type
- Appt. Status
- Balance
- Phone #
- Elg Status
- Patient Sex**
- Patient SSN**
- Patient Age**
- Facility Name

Total: 13

Save Cancel

Patient Appointments - Agenda View

Provider : All
 Facility : All
 Appointment Type : All
 Appointment Status : All
 Date : Apr 03 2019 to May 03 2019
 Appointments : 1

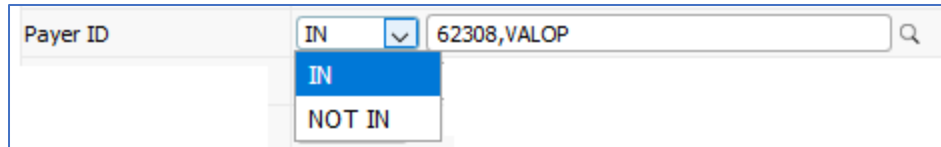
Appointment Date	Patient DOB	Provider Name	Appt. Type	Appt. Status	Balance	Phone #	Facility Name	Patient Sex	Patient Age	Patient SSN
Apr 03 2019 12:00 PM	2019-01-02		OFFICE VISIT		\$0.00	525742	A. P. C. H. S. H. E. I.	Male	0	****
Apr 03 2019 12:05 PM										

9) [Ticket#9478] PH : Insurance Payment Activity Report - Enhancements

We have added two new filter types in dropdown to payer ID filter in the Insurance Payment Activity Report. This Payer ID drop menu is already available in reports like Claim detail report and Claims by RA Date and Payer. In this release, we are introducing this filter in the Insurance Payment Activity Report as well. Multiple payer IDs can be specified with a comma separating them.

- 1) **IN** – This filter will generate the report only for those Payer ID's specified in the payer ID text box.
- 2) **NOT IN** – This filter will generate the report for all payer ID's except for the values specified in the payer ID textbox.

See below -



Payer ID

IN 62308,VALOP

IN

NOT IN

Note: The payer ID for **IN** and **NOT IN** works same as above for the Claim Detail Report and Claims by RA Date and Payer.

The Insurance Payment Activity Report By Payer (Detail) and Insurance Payment activity Report By Payer (Summary) will now display total paid percentage in the grand total row.

10) [Ticket#9486] Support for more provider types in Rendering Provider Setup

In the admin module, currently we are supporting only 3 provider types i.e. Nurse Practitioner, Physicians and Ambulance Services in the relevant screens. Now we are supporting additional Provider types in Rendering Provider setup. We have added 18 new Rendering Provider types to this list which is supported by CMS. However, CMS supports a lot more of provider types hence we are retaining the "Other" provider type.

The newly added Provider Types are as listed below:

- 1) Ambulatory Surgical Centers (ASC)
- 2) Ambulance Services (**existing**) > > Renamed to Ambulance Agency/Services
- 3) Anesthesiologists
- 4) Audiologist
- 5) Clinical Labs/Laboratory
- 6) Critical Access Hospitals
- 7) Certified Nurse Midwife
- 8) Certified Clinical Nurse Specialist(CNS)
- 9) Durable Medical Equipment (DME)
- 10) Federally Qualified Health Centers (FQHC)
- 11) Home Health Agency (HHA)
- 12) Hospice
- 13) Hospital
- 14) Licensed Clinical Social Worker (LCSW)

- 15) Nurse Practitioner (existing)
- 16) Optometry
- 17) Psychologist
- 18) Pharmacist
- 19) Physician (existing)
- 20) Physician Assistant
- 21) Skilled Nursing Facility
- 22) Other

Providers

Print

NPI: First Name: Starts with: Provider First Name: Last Name: Starts with: Provider Last Name: Access Mode: All

Taxonomy Code: Taxonomy Code: Date Created: From To Date Updated: From To Show in Appointments: All

Rendering Provider: All Serviced By Provider: All Operating Provider: All Requesting/Ordering Provider: All **Provider Type:** Clear Search

	First Name	Last Name	NPI	Access Mode	Taxonomy Code	Rendering Provider	Serviced By Provider	Operating Provider	Req/Ord Provider	Show in Appointments

Home Accounts Batches Search Process Claim Response Maintenance Reports

Edit Provider

Created By admin1 on 2013-10-24 15:51:24
Updated By admin1 on 2018-09-20 02:45:12

Provider Details

Provider Type: Physician

First Name: Appalachian

Last Name: CAP

Middle Initial:

Credential:

Provider IDs

Payer ID	ID Qualifier ?	ID	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Add
<input type="text"/>	<input type="text"/>	<input type="text"/>	Remove

11) [Ticket#9488] MDR: Appointment Detail Report

There was a request for a new report for appointments and claims for a date range specified. We introduced a new report “**Reports >> Appointment >> Detail**” under reports module. This report will have detailed information for appointments scheduled for each patient with Patient details, Insured details, appointment date, appointment type, appointment status, claim details, payer details, facility and balance.

Search Appointment Detail Report

Appointment date ▼	Specify Month ▼	Date range	From	To
		Monthly	APR ▼	Year 2019 ▼
Appointment Type	All selected ▼			
Appointment Status	All selected ▼			
Rendering Provider	All selected ▼			
Billing Provider	All ▼			
Referring Provider	▼			
Location	All selected ▼			
Claim Status	All ▼			
Claim Type	All ▼			
Claim Closure Status	All ▼			
Patient Account Number	<input type="text"/>			
Payer ID	<input type="text"/>			
Payer Name	<input type="text"/>			
Claim Review	All ▼			
Show Patient Details	<input checked="" type="checkbox"/>	All selected ▼		
Show Insured Details	<input checked="" type="checkbox"/>	Insured Name,... ▼		
Show Claim Received Date	<input type="checkbox"/>			
Show Claim Close Date	<input type="checkbox"/>			
Show Claim Closure Status	<input type="checkbox"/>			
Report Type	By Provider ▼			

Search

This report will have filters such as :

Date of Service/ Appointment Date

The DOS is the date range specified for a specific month, current month, current and last month, current and last 2 months and date range. This filter will fetch the appointments for a date chosen from the date filter and the month filter with year. DOS is the date of service.

Appointment Type

This filter will fetch the appointment type selected from the drop-down menu. The appointment types such as New patient, Office visit, Site Visit, Lunch, and Vacation. Multi select is allowed.

Appointment Status

This filter will fetch the appointment status selected from the drop-down menu. The appointment statuses

such as Arrived, Arrived Late, Cancelled, Chart Pulled, checked IN, checked Out and Eligibility Issue. Multi select is allowed.

Rendering Provider

The filter will fetch patients for the selected Rendering Provider. Multi select is allowed.

Billing Provider

This filter will fetch patients for the selected Billing Provider. Multi select is allowed.

Referring Provider

This filter will fetch patients for the selected Referring Provider. Multi select is allowed.

Location

The location or facility filter will patients based on the location. Multi select is allowed.

Claim Status

The claim status filter has various statuses such as All, Posted, Unpaid and Pending Payment. This filter will fetch patients based on the claim status.

Claim Type

The claim type filter has three drop-down menu options such as Professional, Institutional and All. This filter will fetch patients based on claim type.

Claim Closure Status

This filter will fetch patients having closed and open claims or both.

PAN

Clinic can enter Patient Account Number in this field to generate the report for a patient.

Payer ID

This field has a payer ID look up where the clinic can choose the payer Id to fetch details based on Payer ID.

Payer Name

This field has a payer name look up where the clinic can choose the payer name to fetch details based on Payer name

Claim Review

The claim type filter has three drop-down menu options such as Not for review, Waiting for review, Approved and All. This filter will fetch patients based on the claim review.

Show Patient Details

The clinic can hide/show patient details in the report.

Show Insured Details

The clinic can hide/show Insured details in the report.

Show Claim Received Date

The clinic can hide/show claim received date in the report.

Show Claim Close Date

The clinic can hide/show closed date in the report.

Show Claim Closure Status

The clinic can hide/show closure status in the report.

Report Type

The report type has 2 filters **Detail** and **By Provider**. The detail report will have all appointment detail for each patient and the By Provider will be grouped for each provider.

Appointment Detail Report																		
[Appt. Date From : 04/01/2019 To 04/30/2019, Appt.Type : All, Appt. Type Status: All, Rendering Provider List : All, Billing Provider NPI : All, Billing Provider Tax ID : All, LocationNPI : All, Claim Type : All, Claim Status : All, Claim Closure Status : All, Show Patient Name : Yes, Show Patient Account Number : Yes, Show Patient DOB : Yes, Show Insured Name : Yes, Show Insured ID : Yes, Show Claim Close Date : No, Show Claim Closure Status : No, Show Claim Received Date : No, ReportType : Detail]																		
Patient Name	PAN	DOB	Insured Name	Insured ID	Appt. Date	Appt. Type	Appt. Status	Claim DOS	Payer ID	Foyer Name	Facility	Claim Charge Amount	Pri. Paid Amount	Sec. Paid Amount	Total Paid Amount	Patient Paid	Balance	Claim Status
Ashe, David Ashe		09-11-2018			04-11-2019	OFFICE VISIT	CHART PULLED				Ashe County HD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
T ALPH, A " "IA IENQ	PH504379	03-03-2008	S BLM, AA A	12345	04-10-2019	Test	ARRIVED				AL HLT ST HT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
HDR Ndsads, A DAS	126954	06-09-1923	HDRNDA, A DAS In	4 321 k	04-08-2019	OFFICE VISIT	Test2				AL HLT ST HT E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
HDR Ndsads, A DAS In	126954	06-09-1923	HNSON, A DAS In	02783	04-24-2019	NEW PATIENT	ARRIVED				AL HLT ST HT E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Test, Sonali	PH502180	01-01-1970	Test, Sonali	90000000	04-08-2019	OFFICE VISIT	Test1				AL HLT ST HT E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
fhdg, asdbmcc d	110	01-02-2019			04-25-2019	NEW PATIENT	asdbmccd				AL HLT ST HT E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
fhdg, asdbmcc d	110	01-02-2019			04-03-2019	OFFICE VISIT	Test2				AL HLT ST HT E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
HESI RESE	PH132467	06-16-1982	AAA	PH1 3998	04-08-2019	OFFICE VISIT	Test1				AL HLT ST HT E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
TESTER, JAI G	PH132061	08-27-1950	TESTER, JAI E	YU 70179H	04-15-2019	OFFICE VISIT	CHART PULLED				AL HLT ST HT E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

Appointment Detail Report																			
[Appt. Date From : 04/01/2019 To 04/30/2019, Appt.Type : All, Appt. Type Status: All, Rendering Provider List : All, Billing Provider NPI : All, Billing Provider Tax ID : All, Location NPI : All, Claim Type : All, Claim Status : All, Claim Closure Status : All, Show Patient Name : Yes, Show Patient Account Number : Yes, Show Insured ID : Yes, Show Insured Name : Yes, Show Claim Close Date : No, Show Claim Closure Status : No, Show Claim Received Date : No, ReportType : By Provider]																			
Provider : -																			
Patient Name	PAN	DOB	Insured Name	Insured ID	Appt. Date	Appt. Type	Appt. Status	Claim ID	DOCS ID	Pager ID	Pager Name	Facility	Claim Charge Amount	Prt. Paid Amount	Sec. Paid Amount	Total Paid Amount	Patient Paid	Balance	Claim Status
JUAN, J ZHORALES, A Jr	499995754	02-12-1964	JUAN, J ZHORALES, A Jr	166504	04-18-2019	OFFICE VISIT	Test1					St. Joseph's Hospital	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
frhdg, asbbncc d	110	01-03-2019			04-03-2019	OFFICE VISIT	Test1					St. Joseph's Hospital	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Provider : Appalachian - CAP																			
Patient Name	PAN	DOB	Insured Name	Insured ID	Appt. Date	Appt. Type	Appt. Status	Claim ID	DOCS ID	Pager ID	Pager Name	Facility	Claim Charge Amount	Prt. Paid Amount	Sec. Paid Amount	Total Paid Amount	Patient Paid	Balance	Claim Status
HENSON, A DAS In	106954	04-09-1933	HENSON, A DAS In	176177	04-10-2019	OFFICE VISIT	ARRIVED LATE					St. Joseph's Hospital	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

12) [\[Ticket#9489\] MDR: Patient List | Configurable Columns – Viewing Patient List](#)

eMB Release Notes v4.4

available in the patient view list screen that can be configured as columns and selected fields will list fields selected by the user as column to be displayed. The user can select, deselect the fields by using the left and right arrows provided. The order of the columns can be configured using the up and down arrows provided. Click on Save button to save the changes. The patient list screen will have the columns selected. The same patient view screen is used in the patient lookup provided in patient appointment scheduler and patient eligibility modules, and hence the changes will be reflected there as well.

Feature Settings

Available fields	Selected fields
Last Auth Req Status	First Name
Last Auth Req Date	Last Name
Middle Name	SSN
PAN	DOB
Sex	Last DOS
Marital Status	Balance Due
Phone	Last Elg Inq Status
Mobile Phone	Last Elg Inq Date
Email	
MRN	
Language	
Race	
Ethnicity	
Total: 13	Total: 8

Last updated by EVANS CINDY on 2019-04-22 11:41:24

Save

Note:

- 1) If eligibility is not configured in the account setup for the practice account, then "Last Eligibility Inquiry status and Last Eligibility Inquiry Date" will not appear in the patient view list screen even if it is configured.
- 2) If Prior authorization is not configured in the account setup then "Last Authorization Req Status and Date" will not be configurable and will not be displayed on patient view. However, these two fields will be greyed out and hidden in the configuration screen as the feature is currently disabled/unsupported in the system.
- 3) First Name, Last Name, SSN, DOB, Last DOS and Balance due will appear by default for a new account as well as existing accounts. If Eligibility and Prior Authorization is configured in the account setup then the default value will change and "Last Eligibility Inquiry status and Date" and "Last Authorization request status and Date" will appear by

default. For new and existing accounts, to handle backward compatibility, the default selected columns will not be migrated using database scripts. Instead a program default will be used to ensure the current view is not disturbed.

- 4) The twin columns - Last Eligibility Check Date and Last Eligibility Status will be two separate columns now.
- 5) The print column in the patient column list will print the report as per the configured columns.
- 6) The users won't be able to configure more than eight fields in the "Selected Fields" panel to appear in the Patient View screen as columns. However, minimally Patient Last Name and Patient First Name should be selected.
- 7) The Selected fields shall have a minimum of Last and First Name of the patients.

13) [Ticket#9490] MDR: Support for Payer Address 2 in Professional Claims

Currently our system does not support payer address 2 for professional claims on paper as this was not supported in CMS-1500 02/12 form. However, we are supporting this in the expEDlum database and in the outbound 837P. The Payer address 2 field is already supported from patient demographics and Institutional claim form/payload. Some clients had requested us to support payer address 2 from claim print as a result we made changes in various modules as described below. Please note the address 2 field is mostly relevant in Paper claims only as the paper claims carry the address details.

This feature is handled in the following modules:

- 1) **New Primary Claim screen** – We have introduced a new text field for Payer Address 2 in the primary professional claim form. The Patient Demographics look up will pull the payer address 2 from primary insurance tab and populate it in carrier address 2 field of the claim form.

- 2) **New Primary Claim – Claim Clone** – This new text field for payer Address 2 is also available for primary claims through the claim clone option. When a primary claim is cloned, the payer address will be auto populated from the parent primary claim to the cloned primary claim.
- 3) **New Secondary Claim screen** – We have introduced a new text field for Payer Address 2 in secondary professional claim form. The Patient Demographics look up will populate the details by swapping Payer Address 2 with Other Payer Address 2
- 4) **New Secondary Claim – Using Claim Search >> Claim Status = Posted, Checked Sec. Pending >> Click Generate Secondary Claim icon & Primary Claims lookup**
When a secondary claim is created from New Secondary claim option in the claim search screen or primary claims look up, the Patient details, Insured Details and Payer details was swapped as usual. The patient claims look up will additionally swap and populate payer address Payer Address 2 with Other Payer Address 2 and vice versa.
- 5) **Edit Claim** – The edit claim will fetch payer address 2 when claim is opened in edit mode and view mode from claim search screen.
- 6) **Cross Over Posting – Auto/ Manual** – When a secondary claim is generated, payer address 2 and other payer address will be swapped and populated in the auto generated secondary claim
- 7) **EDI Inbound and Outbound** – The carrier address 2 will be fetched and given to EDI 5010 and will appear in 837P 5010 outbound. The EDI component is already handling both payer address 1 and payer address 2.
- 8) **Claim Print** – The default map already supports Payer Address 2. The Payer address 2 will be printed on right top section of claim form. The Payer Address 1 and Payer Address 2 will come in separate lines. If Payer Address is not present, empty line will be printed. The carrier address 2 will be supported in print module from this version.

- 9) **Claim Payload- Professional Inbound and Outbound – 837P 5010 Inbound Payload** has been supporting Payer Address 2 in the previous releases itself. In the XML Inbound Payload, Payer Address 2 is introduced in the following section in the schema –

```
<xs:element name="carrier">
  <xs:complexType>
    <xs:sequence>
      <xs:element ref="id" />
      <xs:element ref="name" />
      <xs:element ref="address" />
      <xs:element ref="address2" />
      <xs:element ref="city" />
      <xs:element ref="state" />
      <xs:element ref="zip" />
    </xs:sequence>
  </xs:complexType>
</xs:element>
```

The schema is backward compatible, and the system will process the claims even if the payer address2 element is not populated/present. The updated schema file will be sent to EMR vendors on request.

In the case of outbound payload, the Claim Export in Detail (CSV) and Claim Export to expEDlum XML will be supporting Payer Address 2.

- 10) **Claim Payload – Institutional Inbound and Outbound (837I)** – For institutional claims, Payer Address2 is already supported.
- 11) **Enrich Thin Claim Professional** – Thin claim is applicable only for primary claims. If the payload has thin claim flag as 1 with patient system ID, the Payer Address 2 will be auto populated to claim from primary payer section in patient demographics.
- 12) **ESB Submission as Claim** – When ESB is converted to claim, the Payer Address 2 also will be pulled into the claim from patient demographics.

14) [Ticket#9491] PH: Print Created By/Created Date | Cash Posting Report (All flavors)

A client had requested a feature enhancement to show the user who is creating the report on Cash Posting Report. This report was showing only created date and time. We have now added "Created By: <User Name>" to this report on top with created Date and time. The clinic can now see who (user/operator) ran the cash posting report along with the date & time. This shall appear on all cash postings reports such as Cash Posting (Default, By Transaction, Trail), By Program (For Public Health) and Deleted. These changes in the report will reflect on "Export to CSV, EXCEL and PDF's".

A sample Cash Posting Report is shown below.

Cash Postings Report									
[Date: 01/08/2018, Posted By: All, Transaction: All Payments(excluding Write-off/Debit Set Off/Bad Debt Write Off/Balance Forward/Collection Payments), Provider: All, SFS Program: All, Facility: All, Show SFS Program: No, Show Current Balance Due: No, Show Transaction Notes: No, Show Posted By: No, Show Patient Name: Yes, Show Patient Account Number: Yes, Show Patient DOB: Yes, Show Zero Amounts: Yes, Show Created Date: No]									
Created By :		Created Date and Time : 04/08/2018 07:42:58							
Transaction Date	Patient Name	PAR	DOB	Transaction	Receipt Number	Amount	Practice HPI	Practice Tax ID	Site Code
01/05/2018		PH164331	1953-10-29	Patient Payment(Cash)		\$25.00			00301
01/08/2018		PH066699	1999-07-09	Patient Copay(Check)		\$25.00			10002
01/08/2018		PH143726	1962-05-31	Patient Payment(Cash)		\$50.00			00301
01/08/2018		PH493445	1959-11-15	Patient Payment(Cash)		\$50.00			00301
01/08/2018		PH573162	1978-05-18	Patient Copay(Check)		\$25.00			00301
01/08/2018		PH232515	1989-08-13	Patient Copay(Credit Card)		\$3.00			10501
Total Transactions : 6					Total Amount : \$178.00				

15) [Ticket#9495] Patient List – Additional filters must support "Having Confidential Claims" and "Having only confidential claims"

In the Patient list view screen, we have added 3 new filters to "Additional Filters" drop down menu. This is available only for Public Health clinics as other clinics don't have the feature of Confidential claims.

- 1) "Having No Confidential Claims" – This filter will fetch patients not having any confidential claims.
- 2) "Having Confidential Claims" - This filter will fetch patients having one or more confidential claims (possibly along with some non-confidential claims).
- 3) "Having Only Confidential Claims" – This filter will fetch patients having only (one or more) confidential claims.

Additional Filters

Statements created

All

Prior Authorization Performed

Prior Authorization Never Performed

Last Authorization Status

Last Authorization Check Date

Having Appointments

Having Notes

Patients flagged for collection

No Snail Mail Flag Checked

No Snail Mail Flag Unchecked

Having Claims with multiple postings

Patients flagged for debt set off

Patient not flagged for debt set off

Having No Confidential Claims

Having Confidential Claims

Having Only Confidential Claims

Having Attachments

Having User Defined Transactions

Having ESBs

Having Pending ESBs

Having Unbilled ESBs

16) [Ticket#9543] Insurance Payment Activity By Payer – Percentage Fix

There was an issue in the Insurance Payment Activity By Payer (Summary) report in ticket #9151 of v4.3 release where the percentage shown in % paid column was the % paid by the payer. The column was adding up all the percentages of each claim and was shown as a cumulative percentage for the payer which is wrong. This issue is now fixed and the grand total % is appearing in the report.

Insurance Payment Activity Report By Payer (Summary)

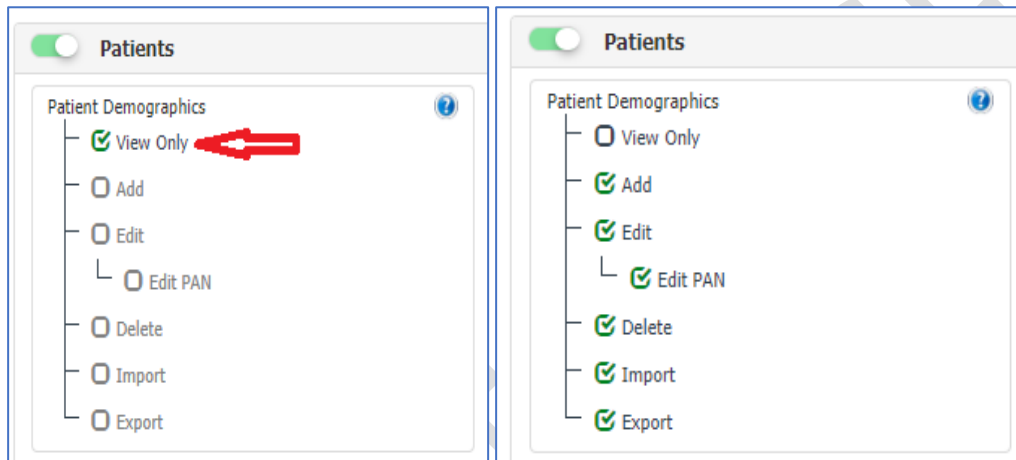
Print

[Posted between : 04/07/2019 To 04/13/2019, Insurance type : All, Posting type : All, Provider : All, Location : All, Site Code: All, Show Patient Name: Yes, Show Patient Account Number: Yes, Show Patient DOB: Yes, Show Date Of Service: Yes, SFS Program : All, Posted Amount : All, Serviced By Provider : All]

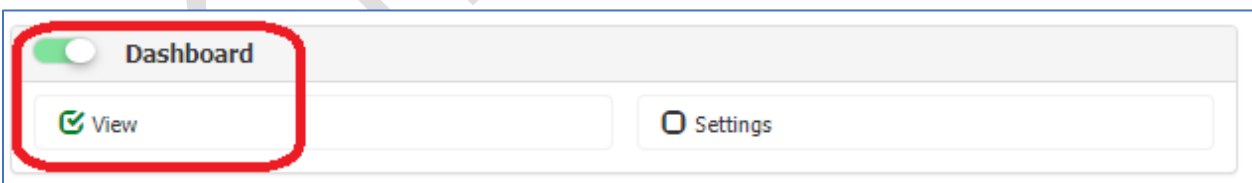
Payer ID	Payer Name	Total Claims	Total charge	copay	Total Payment	Total Adjustment	PR	% Paid
36273	AARP Medicare Supplement Plans insured by UHIC	1	\$100.00	\$0.00	\$0.00	\$2.00	\$0.00	0%
59069	21st Century Health and Benefits	2	\$3200.00	\$1500.00	\$1320.00	\$554.00	\$200.00	52%
Total		3	\$3300.00	\$1500.00	\$1320.00	\$556.00	\$200.00	40%

17) [Ticket #9544] Operator Privileges Fix – Edit PAN, Dashboard View

In admin module, the operator privilege configurations were having an issue in UI and the same appeared in user module. When patient main privilege is disabled, and then enabled and if the "View Only" option is enabled, then the **Edit PAN** privilege was found editable and can be enabled. This issue is now fixed – in the above case, if the "View Only" option is enabled then the **Edit PAN** privilege is non-editable and will be disabled by default.



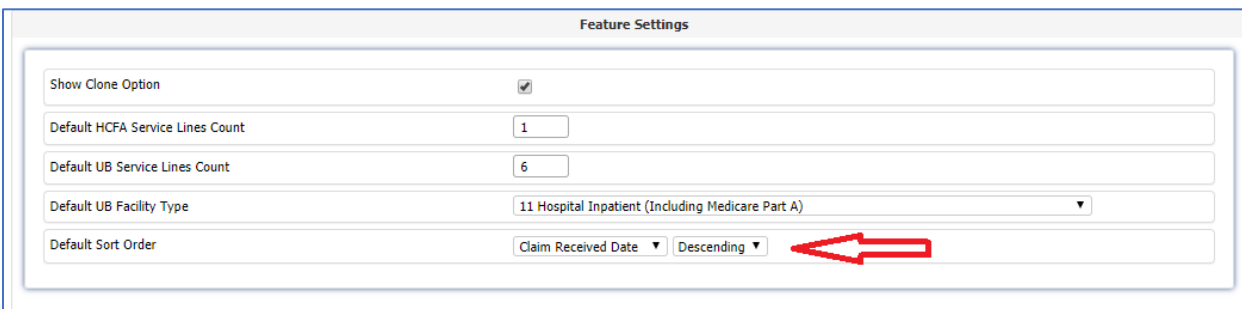
When the user role is updated with Dashboard >> View privilege checked, after updating the changes it was appearing as unchecked. Even though, the privilege is unchecked the system shows dashboard feature for the user as it is a default feature and cannot be disabled. This issue is now fixed, if the dashboard View privilege is checked and updated it shows as checked. The dashboard View is a default feature and cannot be unchecked in the admin module. Hence it appears in all the user modules now.



18) [Ticket #9557] PH: Claim Search | Account settings to configure Sort By and Sort Order fields

A few clients had requested us to set the Sort By option to "Date of Service" and descending as default in search Claims tab and Batch type to "ALL" in Posting Manage screen. This is now configurable; this feature is available under Maintenance >> Feature Settings >> Claim >>

Default Sort order. This Default Sort order will display "Claim Received Date and Date of Service" with descending and ascending options and the user can select the option to set it to default and the same will appear on the search claims tab. By default, the Sort By option will display Claim Received Date with descending option.



The screenshot shows a 'Feature Settings' form with the following fields:

- Show Clone Option: ☒
- Default HCFA Service Lines Count:
- Default UB Service Lines Count:
- Default UB Facility Type:
- Default Sort Order: (highlighted with a red arrow)

19) [Ticket #9589] PH: Revenue Board Report – Fix for transactions appearing in empty SFS Program Group

A client had reported an error in the Revenue Board Report for transactions appearing in empty SFS Program group. This is because the info message transactions such as Claims Closed and Patient Statement Creation transactions were considered in the report by mistake. This is fixed in this version - these transactions are now excluded.

20) [Ticket #9621] MDR : Auto Generate PAN setting is getting disrupted

In the admin module, Feature settings >> Patient Demographics, "Auto Generate PAN" checkbox was getting disabled while making changes in the user module feature settings. This issue was also happening in the admin module for other feature settings such as

- Patient Statement >> Show Include Patient Info change page
- Super Bill >> ESB.

This issue was happening to the configurations which are available from administrator login but hidden from user login. However, when user saves the entire feature settings using Save button, the hidden default of unchecked for the disabled control is getting updated. This is now fixed. The changes made under feature settings from practice/operator module will not be disturbed in the admin module feature settings.

21)[Ticket #9644] Removal of Duplicate Database Column Indexes

We had found that there were 6 duplicate database indexes used in expEDlum database. They are removed now. This is done as hot patch on Thursday, April 19, 2019 on all production servers. This may have a marginal performance improvement in specific modules.

Deleted Duplicate Indexes

- IDX_eCPClaimCOBAdjustment_Key
- IDX_eCPFfeeSchedule_Fee_FeeSchedule_Key
- IDX_eCPPSM_File_eCPPSM_Task_Key;
- IDX_eCPPSM_Patient_eCPPSM_File_Key
- IDX_eCPPSM_Patient_eCPPatientDMG_Key
- IDX_eCPPSM_Patient_eCPLedger_Master_Key

22)[Ticket #9645] Tuning Slow Queries | By Changing Construct

The following queries were tuned/optimized by changing query construct in java code.

Mafiree Slow Query #1, #2

#1=Patient Statements - Count of Patient DMG Keys and #2=Patient Statements - List of Patient DMG Keys

Before Optimization the query was taking several seconds and with the optimization it just takes a handful of seconds.

Mafiree Slow Query #8

#8=List Payer ID's for respective carrier from Manual EDI Route Task Creation Screen

Earlier this used to take a handful of seconds, with optimization it is reduced to a fraction of a second.

Mafiree Slow Query #4

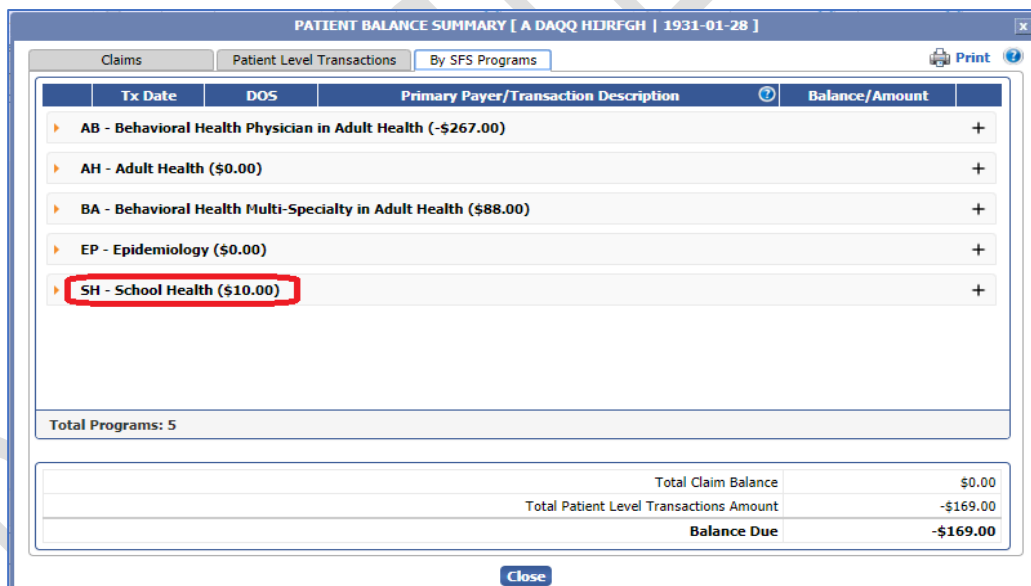
Fetch Payer Details (Payer Name - Payer ID combo) from "Claim Status Summary Dashlet" in both Admin and Practice modules. The query structure is changed and removed unnecessary SQL clauses with possible marginal performance improvement.

23) [Ticket #9647] MDR: Appointment Scheduler print | Extra page generated

There was an issue while printing the patient appointments and while saving the file as PDF. The print option was generating two pages in the appointment module for a day, week, month and unit view. This issue was occurring as the browser default was set to print command. This is now fixed as we reduced the size of the page height to 98% from 100% in JSP page.

24) [Ticket #9648] PH: Patient Balance Summary window | Showing wrong Program name

The patient balance summary window for by SFS program was showing wrong program name for one of the clinics from a state. The SFS Program abbreviation was fetching the SFS Program Name without using the state code and hence the program was showing the name for the same abbreviation used for another state. The state code dimension is added in the SQL query and this issue is fixed in this version.



PATIENT BALANCE SUMMARY [A DAQQ HDRFGH 1931-01-28]			
Claims		Patient Level Transactions	By SFS Programs
Tx Date	DOS	Primary Payer/Transaction Description	Balance/Amount
▶		AB - Behavioral Health Physician in Adult Health (-\$267.00)	+
▶		AH - Adult Health (\$0.00)	+
▶		BA - Behavioral Health Multi-Specialty in Adult Health (\$88.00)	+
▶		EP - Epidemiology (\$0.00)	+
▶		SH - School Health (\$10.00)	+
Total Programs: 5			
Total Claim Balance			\$0.00
Total Patient Level Transactions Amount			-\$169.00
Balance Due			-\$169.00

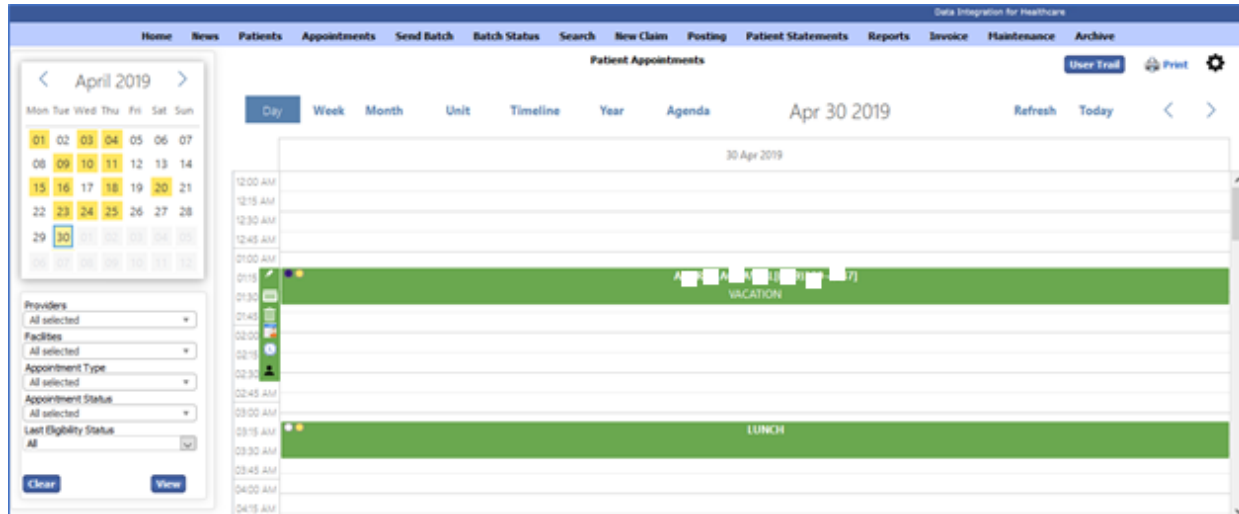
25) [Ticket #9650] PH: Dashlets | SFS Program Dropdown Display issue

There was an issue in the SFS program drop down display in the billing dashboard, the drop down was not displaying last few SFS program name (bottom program details) in the list. This

was happening due to box size length issue. It is now fixed - the height of SFS program drop down list is reduced from 250px to 210px in the dashboard.

26) [Ticket #9651] MDR: Appointment Scheduler auto refresh issue

There was an auto refresh issue in the appointment scheduler when Indicator1 was chosen as "Appointment Status" and Main Event was chosen as "Appointment Type" in the Appointment settings. When the "Appointment Status" is changed the indicator was not getting refreshed/updated. Also, when the "Appointment Type" is changed, scheduler was not getting auto-refreshed in one of our production servers. This issue is now fixed, changed the timeout interval in the JS program from 50ms to 500ms (0.5 sec).



27) [\[Ticket #9685\] Exception Reported on screen | Institutional Claim – View/ Edit Screen](#)

There was an error on screen when an Institutional Claim is opened in edit/view mode from batch search, batch status, claim search and all posting modules. This issue was happening due to the usage of "include directive" in the JSP where all included/dependent JSP pages were auto converted to java servlet code and is appended to the main auto-generated java servlet code in the _jspService method. The JDK8 has a limitation size of 64KB in a single method and this auto generated service method was exceeding it. Now the logic of "including" JSP pages has been change to use "include action element" (dynamic include) in relevant modules and files to ensure the service method does not reach 64KB in size.

28) [\[Ticket #9690\] PH: 837I Outbound EDI edit | Allow Billing Provider Taxonomy Code for Medicaid Missouri \(MCDMO\)](#)

expEDlum does not send billing provider taxonomy code by default on all claims. As most of the payers expect only rendering provider taxonomy code, we do send only rendering provider taxonomy code in the outbound EDI. However, we have an edit to send both, that is, Rendering Provider Taxonomy code and Billing Provider taxonomy code for a list of payers.

As per the client request, we have added the following payer ID's to this EDI edit for 837I Outbound. These payers are already added in the EDI for 837P Outbound in the previous

versions.

23071	ALLIANCE BEHAVIORAL HEALTH
13141	PARTNERS BEHAVIORAL HEALTH MANAGEMENT/PBHM
ORDHS	OREGON MEDICAID
MCDMT	MONTANA MEDICAID
08044	ESATPOINTE
95378	UNITED HEALTHCARE COMMUNITY PLAN / TN
78375	CONNECTICARE MEDICARE
MCDMO	MEDICAID MISSOURI

Now the claims sent to the above listed payers shall carry both billing provider and rendering provider taxonomy code in the outbound EDI. This edit is applicable to all Institutional 837I outbound claims.

29) [Ticket #9744] PH: Patient Statements Stuck in queue

There was an issue with few patient statements that would manifest sporadically while printing them, they were stuck and would remain in queue for long in "Queued" status. This issue would mainly happen when Patient statements are printed in separate file rather than a single PDF file. This issue was occurring due to a glitch in the sorting of statement body data fetched from database using Stored Procedure. This issue is now fixed, and has been sanity tested in similar scenarios.

30) [Ticket #9798] PH: Session Expiry on opening Screens on Multiple Tabs

This issue is happening in a workflow where Web API from EMR to connect to eMB using SSO ("Single Sign On") Web API on a different tab, and opening multiple tabs for each feature like Posting, Claim Submission etc. In between, the user will go back to EMR tab and open patient ledger or patient eligibility. As these are Web APIs where the operator logs in again to get the access, and a different tracking ID (for Vulnerability avoidance) is generated. Now, once other expEDlum tabs are used, the request ID match checking for request forging will kick in and ends

up reporting an error and redirects to session expiry/unauthorized access page.

This vulnerability avoidance code was not available in the earlier v3.6.8_v431 version and was available only on Wildfly 11 platform based code thread & in v4.3.1 version that was rolled out on Patagonia server on 28th April 2019.

This is resolved with an adhoc solution by using a constant (for Vulnerability avoidance) tracking ID. This adhoc solution is sanity tested in above scenarios and found to be working. Also, additional logs are being generated when session expiry happens for better troubleshooting.

Bugzilla List of tickets

#	ID	Client	Ext. Ticket #	Summary	Version
1	6058	MDR	-	MDR: ESB Phase 1 Support for Electronic Super Bill	V4.4
2	7830	Patagonia	27826	PH: Go To Page Option Claim Search Results Page	V4.4
3	9193	Patagonia	32845	PH: Add/Edit Ledger Transaction Configure Facility and Practice fields as optional/mandatory	V4.4
4	9293	Patagonia	Via email	PH: Ledger trail Add/Edit/Delete – Feature Enhancement	V4.4
5	9391	MDR	81025	MDR: Report Format Change By RA Date By Provider	V4.4
6	9413	MDR	-	MDR: ESB Phase 1 ESB Print From Edit Professional Claim Screen	V4.4
7	9414	MDR	-	MDR: ESB Phase 1 ESB Follow up - Filters from patient view screen	V4.4
8	9464	MDR	-	MDR: Additional Columns in Appt. Print View	V4.4
9	9478	Patagonia	PH ticket review	PH: Insurance Payment Activity Report - Enhancements	V4.4
10	9486	-	-	Support for more provider types in Rendering Provider Setup	V4.4
11	9488	MDR	Via email	MDR: Appointment Detail Report	V4.4
12	9489	MDR	81392	MDR: Patient List Configurable Columns	V4.4
13	9490	MDR	81401	MDR: Support for Payer Address 2 in Professional Claims	V4.4
14	9491	Patagonia	33934	PH: Print Created By/Created Date Cash Posting Report (All flavors)	V4.4
15	9495	Internal	-	Patient List - Additional filters must support "Having confidential Claims" and "Having only confidential claims"	V4.4
16	9543	Internal	-	Insurance Payment Activity By Payer - Percentage Fix	V4.4
17	9544	Internal	-	Operator Privileges Fix - Edit PAN, Dashboard View	V4.4
18	9557	Patagonia	Via email	PH: Claim Search Account Settings to configure Sort By and Sort Order fields	V4.4
19	9589	Patagonia	34968	PH: Revenue Board Report - Fix for transactions appearing in empty SFS Program Group	V4.4
20	9621	MDR	Via email	MDR: Auto Generate PAN setting is getting disrupted	V4.4
21	9644	-	-	Mafiree Removal of Duplicate Database Column Indexes	V4.4
22	9645	-	-	Mafiree Tuning Slow Queries By Changing Construct.	V4.4
23	9647	MDR	82865	MDR: Appointment Scheduler Print Extra page generated	V4.4
24	9648	Patagonia	35394	PH: Patient Balance Summary Window Showing wrong Program Name	V4.4
25	9650	Patagonia	35414	PH: Dashlets SFS Program Dropdown Display Issue	V4.4
26	9651	MDR	Via email	MDR: Appointment Scheduler auto Refresh issue	V4.4
27	9685	-	-	Exception Reported on Screen Institutional Claim - View/Edit Screen	V4.3.1
28	9690	Patagonia	Via email	PH: 8371 Outbound EDI Edit Allow Billing Provider Taxonomy Code for Medicaid Missouri (MCDMO)	V4.4
29	9744	Patagonia	35303	PH: Patient Statements stuck in queue	V4.4
30	9798	Patagonia		PH: Session Expiry on opening Screens on Multiple Tabs	V4.4

*** END OF DOCUMENT ***