

expEDlum Medical Billing

v5.8

Release Notes

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expEDlum Medical Billing v5.8 Release Notes

This release note document describes tickets that are enhancements, new features, or bug fixes. Some tickets may refer to other tickets from previous releases. These tickets are a combination of change requests from our partners, clients, and 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>.

1) [Ticket #6023] iTech: Split Transaction - Split and Apply patient level transactions on more than one claim ledger

Split Payment - Introduction

A new “Split Payment” feature is introduced in expEDlum to automatically split the payment as per the claim balance and post it on the claim level. This feature would make the billers job easy and make the ledger cleaner. Also, the billers do not have to split the payment manually, calculate and update the claim ledger, prone to error. The claim level transactions are made simple with the split transaction feature where payment added at the patient level can be automatically split into the claim level in a couple of button clicks.

Split Payment - Feature

A new feature called “Split Payment” is introduced in the patient ledger screen in eMB where clinics can split the payment using a button click “Split Amount”. This ticket describes this feature's details, including the information on how to configure the date criteria used in the transaction window to filter and display the claims/ledger transactions from the user/admin settings screen.

The clinics can split the payment in the add transaction window in the patient ledger screen. On clicking on the “Split Amount” button, the payment will be split as per the claim balance and posted at the claim level. Additionally, this feature is made compatible with PPA transaction too. When a PPA is created based on the patient balance due and when the payment installment happens as per the agreement date, the system will give the users an option if they want to split the amount to claim level. On affirmation the payment made in patient ledger screen for a PPA will be split and posted in the claim ledger. Once, the payment is split into multiple transactions, the clinics can generate a receipt for all the transactions at once using the “Generate Receipt” option.

Using the split payment feature the clinics can:

- 1) Split the payment amount as per the claim balance(s).
- 2) View the split transaction details.
- 3) Generate Receipt for Split payment transactions.

Financial / Accounting year setup

The billing supervisor can configure the Default Fiscal Year Start and Split/Pair Reference Date by selecting the date criteria option from the drop down for a specific practice account. The Split/Pair Reference Date filter will display options such as Current Fiscal Year, Current Fiscal Year + Previous 1 Year, Current Fiscal Year + Previous 2 Years, and Current Fiscal Year + Previous 3 Years. This is available under **Feature Settings >> Other >> Default Fiscal Year Start and Split/Pair Reference Date** in both practice and admin module.

The screenshot displays the 'Feature Settings' window, specifically the 'Other' tab. The left-hand navigation pane lists various system settings, with 'Other' selected and highlighted by a red box. The main content area shows a list of settings. The 'Default Fiscal Year Start' is configured to 'Jan', and the 'Split/Pair Reference Date' is set to 'Current Fiscal year + Previous 1 year'. Red arrows point to these two settings. At the bottom of the window, a status bar indicates the settings were last updated on 2021-03-11 08:23:28, and a 'Save' button is present.

The billing supervisor can configure the Default Fiscal Year Start and Split/Pair Reference Date used in the split/pair transaction window to filter and display the claims/ledger transactions.

1. **Default Fiscal Year Start** – The user can specify the starting month of the fiscal year of the practice/clinic. By default, the starting month of the fiscal year is January. This configuration is used in the A/R Aging report and Split Amount/Pair Transaction screens.
2. **Split/Pair Reference Date** – The user can configure the date criteria to be shown and used in the split/pair transaction window to filter and display the claims/ledger transactions. The options available are: Current Fiscal Year, Current Fiscal Year + Previous 1-year, Current Fiscal Year + Previous 2 years and Current Fiscal Year + Previous 3 years.
 - a) Current Fiscal Year – When this option is configured the split/pair screen will list the claims/transactions from the starting month of the fiscal year till date.
 - b) Current Fiscal Year + Previous 1 year – This is selected by default. When this option is configured, the split/pair screen will list the claims/transactions from the starting month of previous fiscal year till date.
 - c) Current Fiscal Year + Previous 2 years – When this option is configured, the split/pair screen will list the claims/transactions from the starting month of the current fiscal year till date and previous two years.
 - d) Current Fiscal Year + Previous 3 years – When this option is configured, the split/pair screen will list the claims/transactions from the starting month of the current fiscal year till date and previous three years.

In the Patient Ledger Add Transaction screen, we have introduced a new feature “Split Amount”. The Split Amount option will appear in the Add Transaction screen only if the Transaction Type is “**Accountable**” and the Amount Type is “**Payment**” or “**Adjustment**”.

The Split Transaction feature allows the user to split the payment/adjustment transactions for claims. This option will be checked by default for all accountable patient-level payment/adjustment transactions.

The Split Transaction feature is not applicable for the following transaction types:

- 1) Balance Forward Payment
- 2) SFS Adjustment (For Public Health only)

We have excluded only balance forward payment and SFS adjustment.

However, for online payment transactions the split feature will not be available while adding the transaction and the user is expected to open the transaction in edit mode after the payment is made and split the amount to claims. The existing transactions which are not already split can be split by opening them in edit mode.

The Split Payment feature is implemented in the following screens:

- 1) **Patient** >> View >> Patient Ledger add/edit Transaction.
- 2) **Patient** >> View >> Patient Ledger >> view patient balance summary >> By SFS >> add Transaction.
- 3) **Posting** >> Manage >> claim for batches >> open ledger.
- 4) **Posting** >> Manage >> claim for batches >> claim summary.
- 5) **Posting** >> Manage >> claim for batches >> Apply SFS adjustment.
- 6) **Patient** >> View >> Patient Payment Agreement >> List PPA >> add/edit transactions.
- 7) **Claim list** >> edit >> open ledger >> patient ledger.
- 8) **Claim list** >> edit >> open ledger >> claim ledger.
- 9) **Patient** >> Debt set off report >> view reports >> View Debt set off reports >> Patient Payment Debt - set off.
- 10) **Patient** >> View >> Patient Ledger >> Patient Payment Agreement.
- 11) **Annual Cap**

Single Transaction Split Payment

The user can select a single claim to add a split payment transaction. Below is the Add Transaction details screen with the **Split Amount** option.

Once, the user selects the mandatory fields such as Transaction Date, transaction type (Accountable-Payment/Adjustment), Amount and SFS Program the “Split Amount” option will be chosen to split the payment amount as per the claim balance. This window will have two options “Cancel” and “Next”. The user can click on **Cancel** to close the window or Click on **Next** to proceed with the split payment.

If the user has enabled the “Show practice field on Add Transaction screen” option in the ledger transaction type screen, the Practice drop down will appear on screen where the user can select the Billing Provider NPI from the drop down. However, when Splitting a transaction with the Practice NPI and TAX ID, no matter what NPI and tax ID is chosen the child transaction posted on the claim ledger will carry the Billing Provider NPI and Tax ID used when submitting a claim (from box-33).

In case, the biller has not selected the billing provider NPI, the Child transaction posted on the claim ledger would still carry the Billing Provider NPI and Tax ID used when submitting a claim (from box-33).

On clicking **Next**, a new window “Add Transaction Details – Split Transactions” will appear on screen.

Add Transaction Details - Split Transactions

Step 1 ✓ — ✓ Step 2

Transaction Date

?

	Tx Date	DOS	Primary Payer	Claim IDs	SFS Program	Claim Balance
<input type="checkbox"/>	03/19/2021	03/17/2021	21st Century Health and Benefits		Fluc	\$75.00
<input type="checkbox"/>	03/19/2021	03/18/2021	SELF PAY		DEP	\$170.00

☐ **Close Claim(s)** ?

Total Claims 0

Amount \$100.00

Total Claim Balance \$0.00

Previous
Split Amount
Cancel

This transaction has a program (AH) which doesn't fall under any annual caps. The claims for all those non-participating programs in annual cap is listed here.

The “Add Transaction Details – Split Transactions” screen will display the Transaction Date with the columns Tx Date, DOS, Primary Payer, Claim IDs, SFS Program and Claim Balance.

Note: The SFS Program drop down and column will appear only for PHD accounts.

If the chosen SFS Program does not fall under any annual caps then the claims for all those non participating programs in annual cap is listed here.

Transaction Date – The date criteria shown in the filter is based on ledger transaction date. This filter is always disabled and will show the current fiscal year. The user must contact the billing supervisor if a different fiscal date criterion needs to be configured.

This window will have an option to Close Claim(s), Previous, Split Amount and Cancel.

Close Claims(s) – By default, this option will be unchecked. The user can enable this checkbox to close the claims whose claim balance is \$0 after splitting. The user can uncheck this option if he/she does not want the claim closure after splitting.

Note: This checkbox will be automatically enabled when one of the claims are selected.

At the bottom of the Add Transaction Details – Split Transactions window the Total no of claims, Amount and Total Claim Balance will be displayed.

This window will have three buttons such as **Previous**, **Split Amount** and **Cancel**.

The user can click on **Previous** button to go back to the Add Transaction Details screen or Click on **Cancel** to close the window. The **Split Amount** button will be disabled by default. This button will be enabled only when at least one claim is selected.

The user can select the claim to make the payment. Once, the claim is selected the Split Amount button will be enabled in the Add Transaction Details – Split Transactions window.

Add Transaction Details - Split Transactions

Step 1

✓

Step 2

Transaction Date

01/01/2020

03/19/2021

?

	Tx Date	DOS	Primary Payer	Claim IDs	SFS Program	Claim Balance
<input checked="" type="checkbox"/>	03/19/2021	03/17/2021	21st Century Health and Benefits		Fluc	\$75.00
<input checked="" type="checkbox"/>	03/19/2021	03/18/2021	SELF PAY		DEP	\$170.00

☒ Close Claim(s) ?

Total Claims 2

Amount \$100.00

Total Claim Balance \$245.00

Previous

Split Amount

Cancel

This transaction has a program (AH) which doesn't fall under any annual caps. The claims for all those non-participating programs in annual cap is listed here.

On clicking Split Amount, a new window **Split Payment** will appear on screen. The Split Payment window will display the columns such as Claim ID, Claim Balance, Amount Added and New Claim Balance with the Transaction amount and Remaining Amount.

Split Payment

Claim ID	Claim Balance	Amount Paid	New Claim Balance
	\$75.00	\$75.00	\$0.00
	\$170.00	\$25.00	\$145.00

Transaction Amount: \$100.00
Remaining Amount: \$0.00

Close

Annual Cap

The user can make split payments from the annual cap balance. The annual cap balance will be available based on the SFS Program and the transaction date.

Add Transaction Details

Step 1 ✓ Step 2

Transaction Date *

03/09/2021

Transaction Type *

Patient Payment(Credit Card)

Receipt No.

Auto

Amount *

2

(Annual Cap Balance: \$16.00)

SFS Program *

FLU - Flu

Facility

Select

☒ Split Amount
☐ Pair
☐ Neither

Cancel
Next

Entered amount will be deducted from annual cap

The system will display a new alert message (Annual Cap Balance: \$16.00) based on the SFS Program filter chosen. This message will appear only if the transaction has a program that falls under an annual cap associated with the SFS Programs. The amount entered will be deducted from the annual cap.

On clicking next, a new window “Add Transaction Details- Split Transactions” will appear on screen. This screen will display the transaction for the selected SFS program. The date of service of the claim must fall under the date range of the associated annual cap. An alert message will be shown on the DOS column “The date of service of this claim does not fall under the date range of the associated annual cap. If this claim is selected for split, then that split amount will not be considered in the annual cap.

Add Transaction Details - Split Transactions

Step 1 ✓ — ✓ Step 2

Transaction Date 01/01/2020 03/15/2021 ?

	Tx Date	DOS	Primary Payer	Claim IDs	SFS Program	Claim Balance
<input type="checkbox"/>	03/03/2021	03/03/2021 ⚠	AAG Benefit Plan Administrators, Inc.	0	7 CEP	\$480.00
<input type="checkbox"/>	03/15/2021	03/13/2021 ⚠	SELF PAY	1	3 FLU	\$174.00

☐ **Close Claim(s)** ?

Total Claims 0

Amount \$2.00

Total Claim Balance \$0.00

Previous
Split Amount
Cancel

This transaction has a program (FLU) which falls under an annual cap which is associated with the programs 'CEP','FLU'. The claims for all the programs for that annual cap is listed here.

The user can select the claim to make the payment. Once, the claim is selected the Split Amount button will be enabled in the Add Transaction Details – Split Transactions window.

On clicking “Split Amount” button, a new window Split Payment will appear on screen. The Split Payment window will display the columns such as Claim ID, Claim Balance, Amount Added and New Claim Balance with the Transaction amount and Remaining Amount. (The split amount is not considered in the annual cap).

Split Payment X

Claim ID	Claim Balance	Amount Paid	New Claim Balance
1 3	\$174.00	\$2.00	\$172.00

Transaction Amount: \$2.00
Remaining Amount: \$0.00

Close

If the date of service of this claim falls under the date range of the associated annual cap. If this claim is selected for split, then that split amount will be considered in the annual cap.

Add Transaction Details - Split Transactions X

Step 1 ✓ ✓ Step 2

Transaction Date 01/01/2020 03/15/2021 ?

	Tx Date	DOS	Primary Payer	Claim IDs	SFS Program	Claim Balance
<input type="checkbox"/>	03/15/2021	03/13/2021	SELF PAY	1: 3	FLU	\$176.00

☐
Close Claim(s) ?

Total Claims 0

Amount \$3.00

Total Claim Balance \$0.00

Previous
Split Amount
Cancel

This transaction has a program (AH) which falls under an annual cap which is associated with the programs 'AH','CS','FLU'. The claims for all the programs for that annual cap is listed here.

Below shows the list of transactions associated with the annual cap SFS Program, but the DOS column's alert indicates that the amount cannot be deducted from the annual cap while splitting the payment because the date range does not fall in the annual cap date range.

Add Transaction Details - Split Transactions

Step 1

✓

Step 2

Transaction Date

01/01/2020

03/15/2021

?

	Tx Date	DOS		Primary Payer	Claim IDs	SFS Program	Claim Balance
<input type="checkbox"/>	03/03/2021	03/03/2021	⚠	21st Century Health and Benefits	1:	0 BPC	\$460.00
<input type="checkbox"/>	03/03/2021	03/03/2021	⚠	Medicaid - Maryland	0:	2 CDEM	\$190.00
<input type="checkbox"/>	03/03/2021	03/03/2021	⚠	AAG Benefit Plan Administrators, Inc.	00	7 CEP	\$480.00
<input type="checkbox"/>	03/03/2021	03/03/2021	⚠	A & I Benefit Plan Administrators	1:	6 FC	\$185.80
<input type="checkbox"/>	03/03/2021	03/03/2021	⚠	SELF PAY	0:	8 FC	\$395.00
<input type="checkbox"/>	03/15/2021	03/13/2021		SELF PAY	1:	3 FLU	\$172.00

☐ Close Claim(s) ?

Total Claims 0

Amount \$90.00

Total Claim Balance \$0.00

Previous

Split Amount

Cancel

This transaction has a program (CDI) which falls under an annual cap which is associated with the programs 'AH','BPC','CDEM','CDI','CDSM','CEP','CLC','COVIDC','CS','DSMP','FC','FLU','TRT'. The claims for all the programs for that annual cap is listed here.

The user can select the transaction to split the payment. For transactions with the annual cap alert the split amount will not be considered in the annual cap.

Add Transaction Details - Split Transactions

Step 1
Step 2

Transaction Date
01/01/2018
03/12/2021

	Tx Date	DOS	Primary Payer	Claim IDs	SFS Program	Claim Balance
<input type="checkbox"/>	03/05/2021	03/05/2021	SELF PAY	0	BP	\$10.00
<input type="checkbox"/>	03/05/2021	03/05/2021	SELF PAY	0	BC	\$40.00
<input type="checkbox"/>	03/05/2021	03/04/2021	SELF PAY	0	FP	\$70.00
<input type="checkbox"/>	03/05/2021	03/05/2021	SELF PAY	1	BM	\$70.00

☐ Close Claim(s)
Total Claims 0
Amount \$10.00
Total Claim Balance \$0.00

Previous
Split Amount
Cancel

This transaction has a program (BC) which doesn't fall under any annual caps. The claims for all those non-participating programs in annual cap is listed here.

If the transaction has a program which does not fall under any annual caps. The claims for all those non-participating programs in annual cap will be listed as shown above.

Add Transaction Details - Split Transactions

Step 1

Step 2

Transaction Date

01/01/2020

03/15/2021

	Tx Date	DOS	Primary Payer	Claim IDs	SFS Program	Claim Balance
<input type="checkbox"/>	03/03/2021	03/03/2021	21st Century Health and Benefits		BPC	\$460.00
<input type="checkbox"/>	03/03/2021	03/03/2021	Medicaid - Maryland	0411023612	CDEM	\$190.00
<input type="checkbox"/>	03/03/2021				CEP	\$480.00
<input type="checkbox"/>	03/03/2021				FC	\$185.80
<input checked="" type="checkbox"/>	03/03/2021				FC	\$395.00
<input type="checkbox"/>	03/15/2021				LU	\$172.00

☒ Close Claim(s)

Total Claims 1

Amount \$90.00

Total Claim Balance \$395.00

Previous

Split Amount

Cancel

This transaction has a program (CDI) which falls under an annual cap which is associated with the programs 'AH','BPC','CDEM','CDI','CDSM','CEP','CLC','COVIDC','CS','DSMP','FC','FLU','TRT'. The claims for all the programs for that annual cap is listed here.

An alert message “The amount is exhausted. Please select a different set of claims or proceed with the currently selected claims” will be shown on screen, if the amount is exhausted.

The transaction amount will be added to the selected claim(s) and the payment will be split as per the claim balance and is posted at the claim level as an accountable transaction. Also, the transaction is posted in the Patient Ledger screen as Informational transaction.

If the amount is greater than the Annual Cap Balance an alert message will be displayed “Annual amount cap exhausted” and the system will not allow the user to split payment.

Add Transaction Details

Step 1 ✓ — ✓ Step 2

Transaction Date *	03/15/2021		
Transaction Type *	Patient Payment(Credit Card) ▼		
Receipt No.	Auto ▼		
Amount *	100	(Annual Cap Balance: -\$23.00)	
SFS Program *	AH - Adult Health ▼		
Practice	Select ▼		
Facility	Select ▼		
Notes			

☒ Split Amount
☐ Pair
☐ Neither

Cancel
Next

Annual amount cap exhausted

The user can split the transaction amount for two (or more) claims at once to split the payment. However, if the amount is exhausted after selecting a claim then the system will not allow the user to add another claim to make the split payment. An alert message will be displayed on screen “The amount is exhausted. Please select a different set of claims or proceed with the currently selected claims”.

Add Transaction Details - Split Transactions

Step 1 ☒ Step 2 ☒

Transaction Date: 02/01/2014 02/12/2021

	Tx Date	DOS	Primary Payer	Claim IDs	SFS Program	Claim Balance
<input type="checkbox"/>	02/21/2019	02/07/2019	Self Pay	1253151263	STDFFP	\$15.27
<input type="checkbox"/>	06/11/2019	06/05/2019	Self Pay	2128971093	STDFFP	\$75.46
<input checked="" type="checkbox"/>	09/10/2019				FP	\$100.00
<input type="checkbox"/>	02/11/2020				FP	\$52.81

Alert

The amount is exhausted. Please select a different set of claims or proceed with the currently selected claims.

Ok

☒ **Close Claim(s)** **Total Claims** 1 **Amount** \$50.00 **Total Claim Balance** \$100.00

Previous **Split Amount** **Cancel**

Suppose the Transaction Amount is greater than the Claim Balance. In that case, the amount will be deducted as per the claim balance for the selected claim and the remaining amount will be added to the Patient Ledger screen as an accountable transaction. This may result in negative patient balance, but this balance amount can be used for future visits or towards other pending insurance claims where there may be lingering patient responsibility amounts.

Also, while adding a new custom transaction type for the Split Payment, the screen must be chosen as "Patient Level and Claim Level". If only Patient level is chosen for the custom transaction type an alert message "This transaction cannot be split as it is configured as patient-level only. Please configure appropriately from ledger transaction type maintenance screen" will be displayed on the screen. Hence, the system will not allow the user to split the amount.

The user can view the Transaction details of the claim in the patient ledger screen by clicking on the Transaction Type. A new window “Split Transactions” will appear on screen. This screen will display the Split Transaction details such as **Tx Date, DOS, Transaction Description, Co-Pay, Charges, Payments, Adjustments** and **SFS**. This screen has two sections – **Original Transaction** and **Split Transaction(s)**.

The Parent Transaction will be shown as the original Transaction with the Payment Amount and the SFS Program. The Child Transaction will be shown as the Split Transaction(s). This section will display the Payment amount of the claim and the excess paid amount.

Below screen shows the Split Payment Transaction details for the amount paid.

Split Transactions								
TX Date	DOS	Claim ID	Transaction Description	Co-pay	Charges	Payments	Adjustments	SFS
Original Transaction								
03/15/2021			This Amount is Split	\$0.00	\$0.00	\$1.00	\$0.00	CS
Split Transaction(s)								
03/15/2021	03/03/2021		Patient Payment(Credit Card)	\$0.00	\$0.00	\$1.00	\$0.00	BPC

Below screen shows the Split Payment Transaction details for the Claim Amount.

Split Transactions

TX Date	DOS	Claim ID	Transaction Description	Co-pay	Charges	Payments	Adjustments	SFS
Original Transaction								
03/15/2021			This Amount is Split	\$0.00	\$0.00	\$1.00	\$0.00	CS
Split Transaction(s)								
03/15/2021	03/03/2021		Patient Payment(Credit Card)	\$0.00	\$0.00	\$1.00	\$0.00	BPC

The below screen shows the Split Payment Transaction details at the Claim Level for an accountable transaction.

Split Transactions

TX Date	DOS	Claim ID	Transaction Description	Co-pay	Charges	Payments	Adjustments	SFS
Original Transaction								
03/03/2021			This Amount is Split	\$0.00	\$0.00	\$5.00	\$0.00	TRT
Split Transaction(s)								
03/03/2021	03/03/2021		Patient Payment(Credit Card)	\$0.00	\$0.00	\$5.00	\$0.00	BPC

Multiple Transaction Split Payment

The user can select multiple claims to add split payment transactions. Below is the Add Transaction details screen with the **Split Amount** option.

Add Transaction Details

Step 1 Step 2

Transaction Date * 02/04/2021

Transaction Type * testaccountable

Receipt No. Auto

Amount * 100

SFS Program * FP - Family Planning

Facility Select

Notes

☒ Split Amount ☐ Pair ☐ Neither

Cancel Next

Once the user selects the mandatory fields such as Transaction Date, transaction type (Accountable-Payment/Adjustment), Amount and SFS Program the “Split Amount” option will be chosen to split the payment amount as per the claim balance. This window will have two options “Cancel” and “Next”. The user can click on **Cancel** to close the window or Click on **Next** to proceed with the split payment.

On clicking **Next**, a new window “Add Transaction Details – Split Transactions” will appear on screen.

Add Transaction Details - Split Transactions

Step 1 ✓ — ✓ Step 2

Transaction Date

?

	Tx Date	DOS	Primary Payer	Claim IDs	SFS Program	Claim Balance
<input checked="" type="checkbox"/>	07/20/2017	06/27/2017	Self Pay	0887274417	FP	\$4.33
<input checked="" type="checkbox"/>	10/23/2017	10/04/2017	Self Pay	0461966278	FP	\$7.32
<input type="checkbox"/>	01/03/2018	12/28/2017	Self Pay	1435458406	FP	\$46.58
<input type="checkbox"/>	06/04/2020	06/02/2020	Self Pay	1393315692	FP	\$40.35

☒ **Close Claim(s)** ?

Total Claims 2
 Amount \$100.00
 Total Claim Balance \$11.65

Previous
Split Amount
Cancel

This screen will display a list of claims with the claim balance and the user can select the claims to split the amount.

On clicking Split Amount, a new window **Split Payment** will appear on screen with the selected claims. The Split Payment window will display the columns such as Claim ID, Old Balance, Amount Paid and New Balance with the Transaction amount and Remaining Amount.

Split Payment

Claim ID	Claim Balance	Amount Added	New Claim Balance
0 2	\$23.36	\$23.36	\$0.00
2 3	\$60.51	\$60.51	\$0.00
0 7	\$20.46	\$16.13	\$4.33

Transaction Amount: \$100.00

Remaining Amount: \$0.00

Close

If the amount is exhausted after selecting claims, the system will not allow the user to add further claims to the split payment. An alert message will be displayed on the screen “The amount is exhausted. Please select a different set of claims or proceed with the currently selected claims”.

The amount is exhausted after selecting claims, then you can select claims to the split payment. An alert message will be displayed when the amount is exhausted. Please select a different set of claims or

The screenshot shows a window titled "Add Transaction Details - Split Transactions". At the top, there are two steps: Step 1 (checked) and Step 2 (checked). Below this, there are two date pickers for "Transaction Date": 02/01/2014 and 02/04/2021. The main table has columns: Tx Date, DOS, Primary Payer, Claim IDs, SFS Program, and Claim Balance. The table contains five rows of data. An alert dialog box is overlaid on the table, stating: "The amount is exhausted. Please select a different set of claims or proceed with the currently selected claims." with an "Ok" button.

	Tx Date	DOS	Primary Payer	Claim IDs	SFS Program	Claim Balance
<input checked="" type="checkbox"/>	07/20/2017	06/27/2017	Self Pay		FP	\$4.33
<input checked="" type="checkbox"/>	10/23/2017	10/04/2017	Self Pay		FP	\$107.32
<input type="checkbox"/>	01/03/2018				FP	\$46.58
<input type="checkbox"/>	04/11/2018				FP	\$54.50
<input type="checkbox"/>	06/04/2018				FP	\$40.35

The user can view the Transaction details of the claim in the patient ledger screen by clicking on the Transaction Type. A new window "Split Transactions" will appear on screen. This screen will display the Split Transaction details such as **Tx Date**, **DOS**, **Transaction Description**, **Co-Pay**, **Charges**, **Payments**, **Adjustments** and **SFS**. This screen has two sections – **Original Transaction** and **Split Transaction(s)**.

The Parent Transaction will be shown as the original Transaction with the Payment Amount and the SFS Program. The Child Transaction will be shown as the Split Transaction(s). This section will display the Payment amount of the claim and the excess paid amount.

Below screen shows the Split Payment Transaction details for the amount paid.

The screenshot shows a window titled "Split Transactions". It contains a table with columns: TX Date, DOS, Claim ID, Transaction Description, Co-pay, Charges, Payments, Adjustments, and SFS. The table is divided into two sections: "Original Transaction" and "Split Transaction(s)".

TX Date	DOS	Claim ID	Transaction Description	Co-pay	Charges	Payments	Adjustments	SFS
Original Transaction								
03/12/2021			This Amount is Split	\$0.00	\$0.00	\$100.00	\$0.00	BC
Split Transaction(s)								
03/12/2021	03/05/2021		23214	\$0.00	\$0.00	\$40.00	\$0.00	BC
03/12/2021			23214	\$0.00	\$0.00	\$60.00	\$0.00	BC

Debt Set off Transaction

The user can select the claims to add a split payment for Debt Set off transaction from the patient ledger screen. The transaction amount will be added to the selected claims and is posted at the claim level as an accountable transaction and claim balance recomputed. Also, the transaction is posted in the Patient Ledger screen as Informational transaction.

The user can view the debt set off Transaction details of the claim in the patient ledger screen by clicking on the Transaction Type. A new window "Split Transactions" will appear on screen. This screen will display the Split Transaction details such as **Tx Date**, **DOS**, **Transaction Description**, **Co-Pay**,

Charges, Payments, Adjustments and SFS. This screen has two sections – **Original Transaction** and **Split Transaction(s)**.

The Parent Transaction will be shown as the original Transaction with the Payment Amount and the SFS Program. The Child Transaction will be shown as the Split Transaction(s). This section will display the Payment amount of the claim.

Below screen shows the Split Payment for Debt Set Off Transaction details for the amount paid.

Split Transactions								
TX Date	DOS	Claim ID	Transaction Description	Co-pay	Charges	Payments	Adjustments	SFS
Original Transaction								
03/15/2021			This Amount is Split	\$0.00	\$0.00	\$100.00	\$0.00	CC
Split Transaction(s)								
03/15/2021	11/17/2020		NC Debt Setoff Payment	\$0.00	\$0.00	\$100.00	\$0.00	CC

The user will not be able to edit the child transaction type and only view the Transaction Details. All the fields in the View Transaction Details will be greyed out. The user will not be able to Edit/Delete the transaction as it results from splitting a Patient-Level Transaction.

View Patient Payment Debt Set Off Details

Transaction Type *

Patient Payment - Debt Set off(Check)

Transaction Date *

02/02/2021

Receipt No.

custom payment

Amount *

100

Facility

Select

Notes

Close

Edit/Delete Transaction

The Edit Transaction option will not be shown for the Informational Transaction Types in the Patient Ledger screen. Also, the user will not be able to edit the child transaction type and only view the Transaction Details. All the fields in the View Transaction Details will be greyed out. The user will not be able to Edit/Delete the transaction as it results from splitting a Patient-Level Transaction.

View Transaction Details

Transaction Date *	02/04/2021
Transaction Type *	testaccountable
Receipt No.	13251
Amount *	187
SFS Program *	AH - STD Hep C Results
Facility	Select
Notes	

Cancel

However, the user can add transaction details of the pending excess amount using the Edit Transaction option. When the user clicks on the Edit Transaction option, a new window, “Edit Transaction Details,” will appear on the screen. The transaction details will be auto populated in the Edit Transaction details screen with three options Split Amount, Pair, and Neither. The Split Amount option will be chosen by default. The user must click on “Next” to proceed with the split payment transaction.

Edit Transaction Details

Step 1 Step 2

Transaction Date *	02/04/2021
Transaction Type *	testaccountable
Receipt No.	13251
Amount *	13
SFS Program *	AH - STD Hep C Results
Facility	Select
Notes	

☒ Split Amount
 ☐ Pair
 ☐ Neither

Cancel **Next**

On clicking Next, a new window “Edit Transaction Details – Split Transactions” will appear on screen with the list of claims. By default, the Split Amount option will be disabled. The user must select the claim to make the split payment. On selecting the claim, the Split Amount button will be enabled.

Edit Transaction Details - Split Transactions

Step 1
Step 2

Transaction Date

02/01/2016

02/04/2021

?

	Tx Date	DOS	Primary Payer	Claim IDs	SFS Program	Claim Balance
<input checked="" type="checkbox"/>	01/28/2021	01/28/2021	Medicaid Maryland MHS (PMHS)	09 I3	AH	\$166.00

☒ Close Claim(s) ?

Total Claims 1
 Amount \$13.00
 Total Claim Balance 166.00

Previous
Split Amount
Cancel

On clicking the “Split Amount” button, the amount will be added to the claim. The Split Payment screen will display the Claim ID, Claim Balance, Amount Added, and New Claim Balance with Transaction Amount and Remaining Amount.

Split Payment

Claim ID	Claim Balance	Amount Added	New Claim Balance
0962609903	\$166.00	\$13.00	\$153.00

Transaction Amount: \$13.00

Remaining Amount: \$0.00

Close

2) [Ticket #10459] MDR: Patient Delete | Alert and restrict user if patient is linked with other modules

One of the clients reported an issue while deleting a patient from the patient list screen. It was noticed that the deleted patients still appeared on patient list screen even after deleting them and when the screen was refreshed. This was issue happening due to the data associated with the patient.

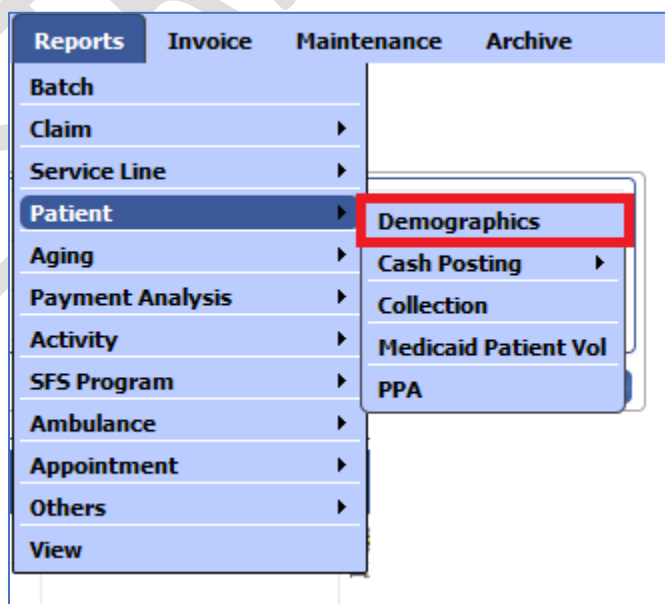
This version has enhanced the logic to delete the patients from the patient list screen based on the below criteria.

- 1) If a patient has a ledger entry and transactions available, then system will not allow the user to select the patient for deletion.
- 2) Suppose a patient has an ESB associated with the claim. In that case, system will display an alert message "Are you sure you want to delete the selected 1 patient(s)? (Note: All the debt set off entries, appointments, eligibility inquiries and unbilled Electronic Super Bills (ESB) will be deleted) "on screen and restrict the user from deleting the patient as it is associated with other modules.

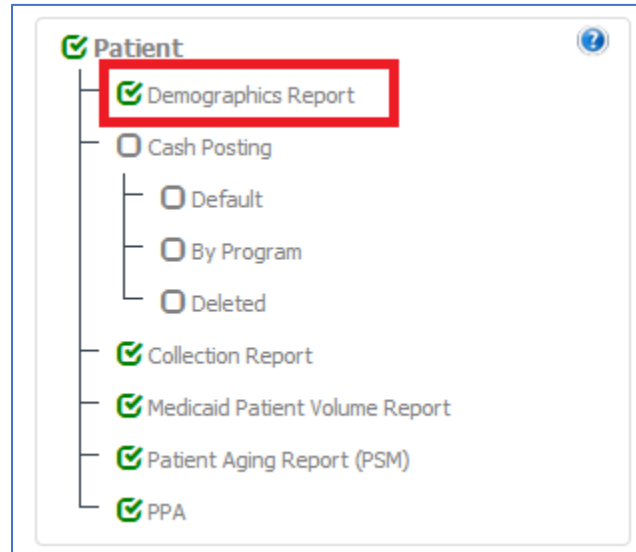
And, if the user tries to delete a patient and does not have any ledger entry and any ESB associated with the claims, the system will allow the user to delete the patient. Also, after successful deletion of a patient from the patient list screen, the system will back up all the attachments for a particular patient in the delete folder inside the attachment.

3) [Ticket #12256] MDR: New Report | Patient Demographics Report

One of the clients requested for a new report, "Patient Demographics", for a date range specified. This version introduces the "Patient Demographics Report" under the Reports module. This is available under **Reports >> Patient >> Demographics**.



The Patient Demographics report option will appear under the Reports module only if the Demographics Report is enabled in the account feature settings by the administrator and if the user/operator has the Demographics report enabled under the Reports >> Patient section in the operator privilege settings.



Search Patient Demographics Report

The users can search for patient demographics report using filters such as Date Range, Payer Type, Current Balance Due, Patient Age, DOB, Insurance Type, Other Insurance Type, State, Additional Filters, Marital Status, SFS Program, Ethnicity, Employment Status, Race, Gender, Relationship to Insured, Show Last Eligibility Inquiry Status, Show Patient Information, Show Primary Payer, Show Secondary Payer, Show Primary Insurance Details, Show Secondary Insurance Details, and Show Balance Due.

Search Patient Demographics Report

Patient Created Date	Last 30 Days	Date Range 02/01/2021 03/03/2021
Payer Type	All selected	
Current Balance Due	Select	
Patient Age	All	
DOB	All	
Insurance Type	All	
Other Insurance Type	All	
State	Select	
Additional Filters	All	
Marital Status	Select	
SFS Program	Select	
Ethnicity	All	
Employment Status	Select	
Race	Select	
Gender	Select	
Relationship To Insured	Select	
Show Last Elg Inq Status	<input type="checkbox"/>	
Show Patient Information	<input checked="" type="checkbox"/> Patient Name, Patient DOB	?
Show Primary Payer	<input checked="" type="checkbox"/> Professional	?
Show Secondary Payer	<input checked="" type="checkbox"/> Professional	?
Show Primary Insurance Details	<input checked="" type="checkbox"/> Insured ID, Insured Name	?
Show Secondary Insurance Details	<input checked="" type="checkbox"/> Insured ID, Insurance Name	?
Show Balance Due	<input type="checkbox"/>	

Search

Patient Created Date / Patient Modified Date: The user can fetch the patient demographics report based on the patient created date/patient modified date. This filter will display options such as All, Last 7 days, Last 15 days, Last 30 days, Last 60 days, Last 90 days and Date Range. By default, the All option will be selected. The user can specify the date range by choosing the date range option.

Payer Type: This filter will display all the payers configured for the account and has multiselect option where the user can select multiple payers from the dropdown. By default, the All option will be selected.

Current Balance Due: This filter will display options such as equals, greater than, less than, between, greater than or equal to and less than or equal to. The user can select the option and enter the amount in the text field.

Patient Age: The user can select the age criteria from the drop down or customize the age by selecting the custom option.

DOB: This filter will display options such as equals, Younger than, Older than, and Between. The user can select the option and select the date range.

Insurance Type: This filter will display options such as primary, Secondary and Tertiary Insurance types with the Professional, institutional, and eligible Payer lookups.

Other Insurance Type: This filter will display options such as primary, Secondary and Tertiary Insurance types with the Professional, institutional, and eligible Payer lookups for other insurance details.

State: The user can select the state from this drop down and is a multi-select option.

Additional Filters: The user can select the additional filters from the drop down. By default, the All option will be selected.

Marital Status: The user can fetch the patients based on marital status and is a multi-select option.

SFS Program: The user can select the SFS Program from the drop down and is a multi-select option.

Ethnicity: This filter will display the options such as All, Hispanic or Latino and Not Hispanic or Latino. By default, the All option will be selected.

Employment Status: The user can select the employment status from the drop down and is a multi-select option.

Race: The user can select the race from the drop down and is a multi-select option.

Gender: The user can select the gender from the drop down.

Relationship to be Insured: The user can select the relationship to be insured option from the drop down and is a multi-select option.

Show Last Eligibility Inquiry Status: This option will be unchecked by default. When the user enables this option a new column "Eligibility Status" will be displayed in the report.

Show Patient Information: By default, this option will be Checked and is a multiselect filter with Patient Information like Patient Name, DOB, Address1, Address2, Sex, City, State, Zip and PAN. By default, Patient Name and DOB will be Selected. If checkbox is Selected and no option is chosen Patient Name will be selected as default.

Show Primary Payer: The user can enable/disable the checkbox to show/hide the report's Primary Payer details. By default, the checkbox will be enabled. The Primary Payer details includes Professional, Institutional and Eligible option. If selected, Individual fields can be enabled/disabled using the multi-select option. By default, Professional Payer option will be selected.

Show Secondary Payer: The user can enable/disable the checkbox to show/hide the report's Secondary Payer details. By default, the checkbox will be enabled. The Secondary Payer details includes Professional, Institutional and Eligible option. If selected, Individual fields can be enabled/disabled using the multi-select option. By default, Professional Payer option will be selected.

Show Primary Insurance Details: The user can enable/disable the checkbox to show/hide the report's Primary Insurance details. By default, the checkbox will be enabled. The Primary Insurance details includes Insured ID and Insured Name option. If selected, Individual fields can be enabled/disabled using the multi-select option. By default, All Option will be selected.

Show Secondary Insurance Details: The user can enable/disable the checkbox to show/hide the report's Secondary Insurance details. By default, the checkbox will be enabled. The Secondary Insurance details includes Insured ID and Insured Name Option. If selected, Individual fields can be enabled/disabled using the multi-select list option. By default, All Option will be selected.

Show Balance Due: When this check box is enabled, a new column “Balance Due” will be displayed in the report.

Below shows the sample Patient Demographics Report.

Patient Demographics Report

[Patient Created Date From : 02/01/2021 To 03/03/2021, Payer Type : PD,HC,CU,CV,GR,FC,CL01,-, Insurance Type : All, Other Insurance Type : All, Show Patient Name : Yes, Show Patient DOB : Yes, Show Patient Address1 : No, Show Patient Address2 : No, Show Patient Sex : No, Show Patient City : No, Show Patient State : No, Show Patient Zip Number : No, Show Patient PAR Number : No, Show Primary Insurance ID : Yes, Show Primary Insurance Name : Yes, Show Primary Payer Professional : Yes, Show Primary Payer Institutional : No, Show Primary Payer Eligibility : No, Show Secondary Insurance ID : Yes, Show Secondary Insurance Name : Yes, Show Secondary Payer Professional : Yes, Show Secondary Payer Institutional : No, Show Secondary Payer Eligibility : No, Show Last Eligibility Inquiry : Yes, Show Current Balance Due : No]



Patient Name	DOB	Payer Type	Primary Insurance ID	Primary Insurance Name	Prf.PayerID	Prf.PayerName	Secondary Insurance ID	Secondary Insurance Name	Sec.Prof.PayerID	Sec.Prof.PayerName	Patient Created Date	Patient Updated Date	Eligibility Status
RAJ, EBI	1991-01-04	NOT CONFIGURED	I 16846	RAJ, EBI	75240	AAG - American Administrative Group		RAJ, EBI	03443	ABRAZO Advantage Health Plan	02/05/2021		
J, Kk	2021-02-19	NOT CONFIGURED	125 1123	J, Kk	11502	adaffew					02/19/2021	02/19/2021	
Last Name, First Name, Middle Initial	1992-01-17	NOT CONFIGURED	12345 21	Last Name, First Name, Middle Initial	8ELP	Cole County Employee					02/17/2021		
Jl, Jk	2006-02-01	MEDICARE	2N52* 35	Jl, Jk	13562	1199 National Benefit Fund	2N5678567	Jl, Jk	20413	3P Administrators	02/18/2021	02/22/2021	
HERNANDEZ-RESENDIZ, Aaa Ies	2017-06-15	OTHER	1EK 194K73	HERNANDEZ-RESENDIZ, Aaa Ies	CONTRACT	Brook	1EG4TE94K73	HERNANDEZ-RESENDIZ, A	58810	Blue Cross Blue Shield of North Carolina	02/09/2021	03/01/2021	
13JUNUP, ANDERSON, QSP1111	1995-12-01	CHAMPVA	1EG4 4K73	13JUNUP, ANDERSON, QSP1111	20413	3P Administrators	234324324	adffhfh, fghgh	CONTRACT	Brook	02/03/2021	02/22/2021	
Kumar, Raj	1996-02-07	NOT CONFIGURED	2N52* 86	Kumar, Raj	51028	21st Century Insurance and Financial Services		Kumar, Raj	20413	3P Administrators	02/23/2021	02/23/2021	
KUMAR, JAYA, J	1989-01-26	MEDICAID	25h 160	audfbuyse 122674187, 38742384v, 87, dskfgakdf -	20413	3P Administrators	2N5345123321	KUMAR, JAYA, J	13162	1199 National Benefit Fund	03/01/2021		
KUMAR, JAYA, J	1989-01-26	MEDICAID	43 .45	wetdgdgdf, hofah, g	20413	3P Administrators	456546546	fdfdudf, fudfdudf, d	59069	21st Century Health and Benefits	03/01/2021		

Total Patients: 9

4) [Ticket #12586] iTech: Search Claims | Filter Claims using Patient System ID

A new filter “Patient System ID” is introduced in the claim search screen (new/legacy) for both Public Health and Non-Public Health accounts. This enhancement is implemented in practice, admin, and manager modules. The users can search for claims based on Patient system ID and save the searched criteria for the chosen patient system ID.

Patient and Insured

Patient System ID *	<input type="text"/>	
Patient Account Number *	Starts With <input type="text"/>	
Patient First Name	Starts With <input type="text"/>	
Patient Last Name *	Starts With <input type="text"/>	
Patient Date of Birth *	<input type="text"/>	
Patient Paid Amount	All <input type="text"/>	
Insured ID *	Starts With <input type="text"/>	
Insured Last Name *	Starts With <input type="text"/>	
Insured First Name	Starts With <input type="text"/>	

5) [Ticket #12676] iTech: Search Claims | Filter Manually Created, Auto generated Secondary Claims

As per the client request, a new sub filter is introduced in the Insurance Type filter when the Insurance Type is chosen as “Secondary” in the Claims Search screen for both Public Health and Non-Public Health accounts. This enhancement is implemented in practice, admin, and manager modules. Now, the users can search for secondary claims based on the following sub filters.

When the Insurance Type is chosen as “Secondary” a new drop will appear on screen with three options such as “All”, “Manually Created” and “System Generated”.

- 1) **All** – This option will be chosen by default in the sub filter. The “All” option will fetch all the secondary claims that are both Manually Created and System Generated.
- 2) **Manually Created** – This option will fetch all the secondary claims that are manually created.
- 3) **System Generated** - This option will fetch all the secondary claims that are Generated by the system.

The screenshot shows the 'Search Claims' interface. On the left, under the 'Claim' section, the 'Insurance Type' dropdown is highlighted with a red box and set to 'Secondary'. A red arrow points to the sub-filter dropdown, which is open and shows options: 'All' (selected), 'Manually Created', and 'System Generated'. Other filters like Claim Type, Batch ID, Claim ID, Claim Status, Claim Review, Claim Mode, Claim Closure Status, Claim Notes, and Claim Attachments are visible on the left. On the right, there are fields for Patient System ID, Patient Account Number, Patient First Name, Patient Last Name, Patient Date of Birth, Patient Paid Amount, Insured ID, Insured Last Name, and Insured First Name.

6) [Ticket #12677] iTech: Search Claims | Filter Auto Posted, Manually Posted Claims

There was a request for a new feature enhancement in the claim status filter for “Posted” claims. This version has enhanced the Claim Status filter by adding a new filter “Method of Posting” in the claim search screen (new/legacy) for both Public Health and Non-Public Health accounts. This filter will appear only when the claim status is chosen as “Posted”. This enhancement is implemented in practice, admin, and manager modules. The users can search for posted claims based on method of posting.

The “method of posting” filter will have three drop down options such as ALL, Manually Posted and Auto Posted.

- 1) All – This option will be chosen by default in the method of posting filter. This option will fetch claims that are both manually posted and auto posted.
- 2) Manually posted – This option will fetch claims that are only manually posted.
- 3) Auto Posted - This option will fetch claims that are only auto posted.

7) [Ticket #12726] iTech: Pair/Unpair Patient Level Ledger Charge Transactions with Patient Level Payment/Adjustment Transactions

Pair/Unpair - Introduction

The Pair Transaction feature allows the user to pair accountable payment/adjustment transactions that are not related to medical services to one or more corresponding charge/Information Transaction in Patient ledger and claim ledger, respectively.

Pair/Unpair- Feature

A new feature called “Pair” is introduced in the patient ledger screen in eMB where clinics can pair the charge/information transaction using a button click “Pair”. This ticket describes this feature's details, including the information on how to configure the date criteria used in the transaction window to filter and display the claims/ledger transactions from the user/admin settings screen.

The clinics can pair the payment in the add transaction window in the patient ledger screen. On clicking on the “Pair” button, the payment will be paired with an accountable transaction at the patient level.

Financial / Accounting year setup

The billing supervisor can configure the Default Fiscal Year Start and Split/Pair Reference Date by selecting the date criteria option from the drop-down for a specific practice account. The Split/Pair Reference Date filter will display options such as Current Fiscal Year, Current Fiscal Year + Previous 1 Year, Current Fiscal Year + Previous 2 Years, and Current Fiscal Year + Previous 3 Years. This is available under **Feature Settings >> Other >> Default Fiscal Year Start and Split/Pair Reference Date** in both practice and admin module.

The screenshot shows the 'Feature Settings' window with a sidebar on the left containing various menu items. The 'Other' menu item is highlighted with a red box. The main content area shows several configuration rows. The 'Default Fiscal Year Start' row has a dropdown menu set to 'Jan', with a red arrow pointing to it. The 'Split/Pair Reference Date' row has a dropdown menu set to 'Current Fiscal year + Previous 1 year', with a red arrow pointing to it. The status bar at the bottom indicates 'Last updated by' and 'on 2021-03-11 08:23:28'.

The billing supervisor can configure the Default Fiscal Year Start and Split/Pair Reference Date used in the split/pair transaction window to filter and display the claims/ledger transactions.

1. **Default Fiscal Year Start** – The user can specify the starting month of the fiscal year of the practice/clinic. By default, the starting month of the fiscal year is January. This configuration is used in the A/R Aging report and Split Amount/Pair Transaction screens.
2. **Split/Pair Reference Date** – The user can configure the date criteria to be shown and used in the split/pair transaction window to filter and display the claims/ledger transactions. The options available are: Current Fiscal Year, Current Fiscal Year + Previous 1-year, Current Fiscal Year + Previous 2 years and Current Fiscal Year + Previous 3 years.
 - a) **Current Fiscal Year** – When this option is configured the split/pair screen will list the claims/transactions from the starting month of the fiscal year till date.
 - b) **Current Fiscal Year + Previous 1 year** – This is selected by default. When this option is configured, the split/pair screen will list the claims/transactions from the previous fiscal year's starting month to date.
 - c) **Current Fiscal Year + Previous 2 years** – When this option is configured, the split/pair screen will list the claims/transactions from the starting month of the current fiscal year till date and previous two years.
 - d) **Current Fiscal Year + Previous 3 years** – When this option is configured, the split/pair screen will list the claims/transactions from the starting month of the current fiscal year till date and previous three years.

Practice Module

In the Patient Ledger Add Transaction screen, we have introduced a new feature “Pair”. The Pair option will appear in the Add Transaction screen only if the Transaction Type is “**Accountable**” and the Amount Type is “**Charge**”.

The following transactions can be selected for pairing:

- 1) Accountable Patient Level Payment/Adjustment transactions except the
 - a) Balance Forward Payment
 - b) SFS Adjustment

The above transactions can only be paired with the transactions i.e., Patient level Accountable charge Transactions except ‘Balance Forward Charge’.

- 2) Accountable Claim Level Payment/Adjustment transactions except the “SFS Adjustment”.

The above transaction can only be paired with the Patient Level Informational Payment Transactions.

The Pair option will be checked by default for all claim level transactions. For Patient Level transactions this will be unchecked by default, and user can decide to pair the transaction or not.

For online payment transactions, the pair feature will not be available while adding the transaction and the user is expected to edit the transaction after the payment is made, and pair with other transactions.

The existing unpaired transactions can be opened in edit mode and can be paired. Also, the paired transactions can also be opened in edit mode and unpair the linked charged transactions.

Neither

The user can choose the “Neither” option if the user does not want to split the payment or pair up with a preexisting charge. This option is provided only for backward compatibility and it discouraged for the clinics and billers from using it as this payment/adjustment would remain an orphan until paired up with a charge.

Add Transaction Details

Transaction Date *	03/19/2021
Transaction Type *	testaccountable
Receipt No.	Auto
Amount *	100
PPA	Select
SFS Program *	Select
Practice	Select
Facility	Select
Notes	

☐ Split Amount
 ☐ Pair
 ☒ Neither

8) [Ticket #12727] iTech: Generate Receipt - Single, Multiple, Split Transactions

Administration >> Templates Configuration

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

- 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 set a default template.
- 3) The administrator can delete the templates which are not used/inactive.
- 4) The template set as default will be used for Generating the Receipt screen on the practice module.

File Name	Internal File Name	Uploaded Date	Uploaded By
<input checked="" type="checkbox"/> SingleLedgerReceiptTemplateWithNotes.html	02_03_2021_05_02_15_015_Template.html	2021-02-03 05:02:15	admin1
<input type="checkbox"/> SingleLedgerReceiptTemplate.html	02_03_2021_05_02_10_010_Template.html	2021-02-03 05:02:10	admin1

Total Templates 2 Page 1 Page 1 of 1

Delete Save Close

The Templates configured in the Upload Ledger Transaction Receipt screen will be used for generating the receipt for in the Patient and Claim Ledger screen - Single, Split and Multiple transactions.

Practice module

The user can Generate the Split Payment Receipt by clicking on the Generate Receipt option.

Single Transaction Ledger Receipt

The user can generate the Single Transaction Ledger Receipt only from the Patient Ledger Screen.

The following screen shows the Single Transaction Ledger Receipt.

ACCOUNT COUNTY HEALTH DEPARTMENT
120 SOME STREET, 120 SOME STREET
SOME CITY MO 64076
Tel: 1234567890
Fax: 1234567890

Payment Receipt

Date	Receipt Num
02/04/2021	13251

Bill To
AAAAAAAAAAAAAAAA DEFEHLE
120 SOME STREET, 120 SOME STREET
SOME CITY, PA 12345
Patient Account No. 59837

SNo.	Description	SFS	Amount
1	testaccountable	AH - STD Hep C Results	\$187.00
Total			\$187.00
Current Balance Due			\$1,169.00

Notes:

Authorized Signatory
02/04/2021

Split Transaction Ledger Receipt

The user can generate the Split Transaction Ledger Receipt only from the Patient Ledger Screen.

The following screen shows the Split Transaction Ledger Receipt.

Split Transaction Ledger Receipt

120 SOME STREET, 120 SOME STREET
SOME CITY MO
64076
Tel: 1234567890
Fax: 1234567890

Payment Receipt

Date	Receipt Num
02/04/2021	13251

Bill To

AAAAAAAAAAAAAAAA DEFEHXL
120 SOME STREET, 120 SOME STREET
SOME CITY, PA
12345

Patient Account No. 59837

SNo.	Description	SFS	Claim ID	Amount
	testaccountable - Split Transaction (Original)	AH - STD Hep C Results	-	\$13.0
1	testaccountable	AH - STD Hep C Results	0962609903	\$13.00
Total				\$13.00
Current Balance Due				1169.00

Notes:

Authorized Signatory
02/04/2021

Multiple Transaction Ledger Receipt

The user can generate the Multiple Transaction Ledger Receipt from the Patient Ledger – Claim Summary screen. A new option “Generate Receipt” is introduced in Claim Summary screen. When the user clicks on the Generate Receipt button, a new window “Generate Receipt” will appear on screen. This screen will list all the manual transactions. This screen will appear only if the “Show Receipt Number field on the Add Transaction screen” option is enabled in the ledger transaction type screen.

Patient Ledger - Claim Summary

Closed Claim | Eligible for SFS adjustment

Claim Ledger Notes Print Claim Bill Print

Patient Name Pri. Claim ID

Current Balance Due \$424.00

SFS Program CEP - CHILDCARE EDUCATION PROGRAM SFS% 0.00%

Sec. Claim ID

Claim Bill Message

Disclaimer

	Tx Date	DOS	Transaction Type	Co-pay	Charges	Payments	Adjustments	PR
Primary Claim Transactions								
<input type="checkbox"/>	01/11/2021	01/11/2021	Primary Claim Submission(1199 National Benefit Fund)	0.00	250.00	0.00	0.00	0.00
<input type="checkbox"/>	01/11/2021	01/11/2021	Primary Insurance Payment(Manual-Posted)(1199 National Benefit Fund)	0.00	0.00	5.00	0.00	245.00
Manual Transactions								
<input type="checkbox"/>	01/12/2021	01/11/2021	Methadone ID Payment (Check)(#13213)	0.00	0.00	5.00	0.00	0.00
<input type="checkbox"/>	01/12/2021	01/11/2021	cp(#13214)	0.00	0.00	20.00	0.00	0.00
<input type="checkbox"/>	01/13/2021	01/11/2021	Patient Payment(Cash)(#13223)	0.00	0.00	6.00	0.00	0.00
<input type="checkbox"/>	01/18/2021	01/11/2021	Patient Payment(Credit Card)(#13224)	0.00	0.00	214.00	0.00	0.00
Claim Balance								\$0.00

Add Transaction **Delete** **Re-Open Claim** **Generate Receipt**

Close All Windows **Close This Window**

Generate Receipt
X

Show transaction of

All Transactions
▼

?
Print

<input checked="" type="checkbox"/>	Tx Date	Transaction Description	Amount
<input checked="" type="checkbox"/>	01/18/2021	Patient Payment(Credit Card)	\$214.00
<input checked="" type="checkbox"/>	01/13/2021	Patient Payment(Cash)	\$6.00
<input checked="" type="checkbox"/>	01/12/2021	Custom Payment(Other)	\$20.00
<input checked="" type="checkbox"/>	01/12/2021	Methadone ID Payment (Check)	\$5.00
<input checked="" type="checkbox"/>	Print Notes		Total Amount
			\$245.00

Total Transactions 4
◀ Page 1 ▶
Page 1 of 1

Close
Generate Receipt

Multiple Transaction Ledger Receipt				Print																																																							
120 SOME STREET, 120 SOME STREET SOME CITY MO 64076 Tel: 1234567890 Fax: 1234567890				<h2 style="margin: 0;">Payment Receipt</h2> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #003366; color: white; width: 30%;">Claim ID</td> <td style="padding: 2px 5px;">1729828670</td> </tr> <tr> <td colspan="2" style="background-color: #003366; color: white;">Bill To</td> </tr> <tr> <td colspan="2" style="padding: 5px;">ASAS, SAS SA, AL 11345</td> </tr> <tr> <td colspan="2" style="background-color: #003366; color: white;">Patient Account No.</td> </tr> </table>		Claim ID	1729828670	Bill To		ASAS, SAS SA, AL 11345		Patient Account No.																																															
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #003366; color: white;"> <th>SNo.</th> <th>Date</th> <th>Receipt Num</th> <th>Description</th> <th>SFS</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>01/18/2021</td> <td>13224</td> <td>Patient Payment(Credit Card)</td> <td>CEP - CHILDCARE EDUCATION PROGRAM</td> <td>\$214.00</td> </tr> <tr> <td>2</td> <td>01/12/2021</td> <td>13214</td> <td>Custom Payment(Other)</td> <td>CEP - CHILDCARE EDUCATION PROGRAM</td> <td>\$20.00</td> </tr> <tr> <td>3</td> <td>01/13/2021</td> <td>13223</td> <td>Patient Payment(Cash)</td> <td>CEP - CHILDCARE EDUCATION PROGRAM</td> <td>\$6.00</td> </tr> <tr> <td>4</td> <td>01/12/2021</td> <td>13213</td> <td>Methadone ID Payment (Check)</td> <td>CEP - CHILDCARE EDUCATION PROGRAM</td> <td>\$5.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="5" style="text-align: right;">Total</td> <td>\$245.00</td> </tr> <tr> <td colspan="5" style="text-align: right;">Current Balance Due</td> <td>\$424.00</td> </tr> </tbody> </table>						SNo.	Date	Receipt Num	Description	SFS	Amount	1	01/18/2021	13224	Patient Payment(Credit Card)	CEP - CHILDCARE EDUCATION PROGRAM	\$214.00	2	01/12/2021	13214	Custom Payment(Other)	CEP - CHILDCARE EDUCATION PROGRAM	\$20.00	3	01/13/2021	13223	Patient Payment(Cash)	CEP - CHILDCARE EDUCATION PROGRAM	\$6.00	4	01/12/2021	13213	Methadone ID Payment (Check)	CEP - CHILDCARE EDUCATION PROGRAM	\$5.00													Total					\$245.00	Current Balance Due					\$424.00
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Total					\$245.00																																																						
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9) [Ticket #13080] PH: Case insensitive search on few filters

One of the clients reported a case sensitivity issue in the Payer ID filter of the posting module. When the user tried to search for batch/claims using the Payer ID filter with lower case, all the batch details of the Payer ID appeared on the screen and, when they click on “Batch List” print icon it does not print the data in the Posted Batch report. However, while searching for batch/claims using the Payer ID filter with upper case, all the batch details of the Payer ID appeared on the screen and the print icon was printing the data in the Posted Batch report. This issue was happening only when the Payer ID is entered in lower case. Hence, we have changed the case sensitive behavior of the Payer ID filter internally. Now, the user can enter the Payer ID in both lower case and upper case (or a combination) to search the batch list and generate the Posted Batch report.

Additionally, we have changed the case sensitive behavior of the “First Name” and “Last Name” filter in the Admin module to search for Providers. This is available under Admin >> List >> Providers. Now, the first name and last name filter is made case insensitive for all the wild card options such as Equals, Contains, starts with and Ends With.

10) [Ticket #13081] PH: Support for additional fields in PPA Template

One of the clients requested us for an enhancement in the PPA template. The clinic asked us to add new patient details to enhance template. In this version, we have introduced the following fields in the PPA template. This enhancement is implemented in both Public Health and Non-Public Health accounts.

1. Patient Phone
2. Patient Email
3. Patient Work Phone
4. Mobile Phone
5. Emergency Contact Name
6. Emergency Contact phone

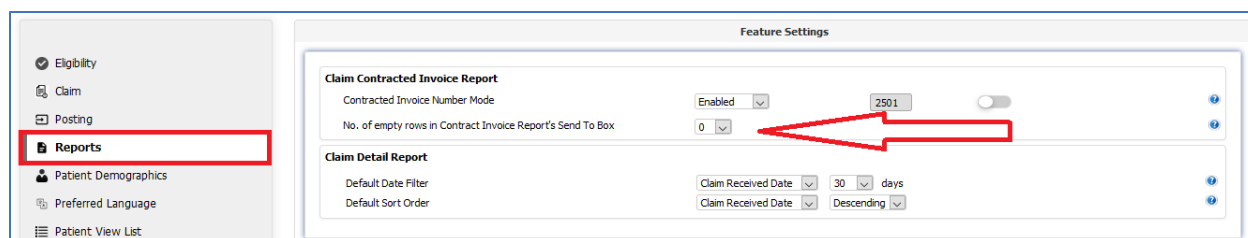
The above-mentioned Patient details will be displayed in the PPA template.

11) [Ticket #13083] PH: Contract Payer Invoice | Alignment/Format Enhancements

One of the clients requested us for a new feature enhancement in the Claim Contracted Invoice report. The clinic wants to have the invoice report format enhanced to fit in standard envelopes 9 and 10.

In this version, we have introduced a new feature “No. of empty rows in Contract Invoice Report's Send To Box”. This is available under **Maintenance >> Feature Settings >> Reports >> Claim Contracted Invoice Report >> No of empty rows in contract Invoice Report's Send To Box**. The user can configure the number of rows to be inserted in the Send To Box of claim Contracted Invoice Report. The name and the address rows will be populated only after these empty rows. This option will help the clinic to move the name/address lines vertically up/down to fit the envelope window. The allowed values are 0 to 10. The default values will be 0 and the system will not add any empty rows in this case.

Note: The number of rows that can fit in the default Sent To Box is 4. The four rows consist of name and address info. If this option is configured to have a value greater than 0, the Sent To Box height will increase downwards to fill the additional empty rows.



Additionally, we have changed the value of X-axis of MAKE CHECKS PAYABLE TO and SEND TO in contract invoice box to make it look same as the claim print bill for MAKE CHECKS PAYABLE TO and SEND TO. The page numbers were decided and put in the PDF as a running counter from Page 1 till end by the HTML browsers – this cannot be controlled by the application for having an invoice specific page numbering. Hence the feature of printing page number at the bottom left printing invoice is removed in this version.

12) [Ticket #13102] MDR: Appointment Scheduler | Appointment Confirmation Message for Patients Flagged for Collection

There was a client enhancement request in the Appointment module – to check for Patient Flagged for Collection while creating a new appointment and Editing an existing appointment. As per the clinic request, we have introduced the “Check Patient Flagged for Collection” feature in appointment details screen. This feature is implemented in the Add and Edit Appointment screen. When the user is scheduling an appointment for a patient in the appointments detail screen, the system will check for patients flagged for collection.

With the above “patients flagged for collection” check, if appointment with patients flagged for collection is found, the system will display a confirmation message before creating an appointment “The Patient is flagged for collection. Are you sure you want to schedule the appointment”? This feature will work only if the “Check Patient Flagged for Collection” check box is enabled in the appointment settings screen.

[Edit Appointment](#)

Edit Appointment [DJDOKIUYJID DASMID] [01:40 AM - 02:10 AM]

Appointment Details

Patient	0 0	<input type="checkbox"/> Confirmed
Providers	MohXe DOE	Notes
Facility	FACILITY NAME 1	
Appointment Type	NEW PATIENT	
Appointment Status	ARRIVED	
Referring Provider	Select	
Notes		
Rescheduled	<input checked="" type="checkbox"/>	

Confirmation
The patient is flagged for collection.
Are you sure you want to schedule the appointment?

Schedule

Patient Appt. History/User Trail

01:45 AM 4 March 2021 – 02:15 AM 4 March 2021

Add Appointment

Add Appointment

Appointment Details

Patient	0 0	<input type="checkbox"/> Confirmed
Providers	DICIDDE DOE	Notes
Facility	FACILITY NAME 1	
Appointment Type	NEW PATIENT	
Appointment Status	ARRIVED	
Referring Provider	Select	
Notes		

Confirmation
The patient is flagged for collection.
Are you sure you want to schedule the appointment?

Schedule

Patient Appt. History/User Trail

08:20 AM 4 March 2021 – 08:50 AM 4 March 2021

A new check box “Check Patient Flagged for Collection” is introduced in the Appointment settings screen. This is available under Appointment Settings >> General >> “Check Patient Flagged for Collection”. By default, the “Check Patient Flagged for Collection” feature will be disabled. The clinic can enable or disable the feature as per their requirement. When the “Check Patient Flagged for Collection” check box is enabled, the system will check for Patient Flagged for Collection appointments with a confirmation message and restrict the user from creating/updating an appointment.

The screenshot shows the 'Appointment Settings' window with the 'General' tab selected. The 'Default Configuration' section includes fields for 'Appt. Duration', 'Day Start Time', 'Hour split', and 'Week Starting Day'. There are also dropdowns for 'Provider', 'Facility', 'Appt. Type', 'Appt. Status', and 'Refresh Scheduler On'. A checkbox for 'Check Duplicate Appointment' is checked, and the 'Check Patient Flagged For Collection' checkbox is also checked and highlighted with a red box. Below this, there are color selection options for 'Current Day Color', 'Event Available Color', and 'Selected Date Color'. At the bottom, there is a diagram showing the relationship between 'Indicator 1', 'Indicator 2', and 'Main Event' with a yellow box representing the event. To the right of the diagram are settings for 'Main Event', 'Indicator 1', 'Indicator 2', 'Header', and 'Body'. At the very bottom are 'Save' and 'Cancel' buttons.

13) [Ticket #13117] iTech | expEDlum HL7 | New Fields Support | ADT-A04, A08, A29 (Inbound/Outbound) / SIU-S12, S14,S17 (Outbound only)

expEDlum already was generating Patient Demographics, Patient Appointments HL7 data in various HL7 versions v2.6, 2.5.1, 2.5, 2.4, 2.3.1 and 2.3. In this release, we have extended support for additional data fields. Some of the recently introduced fields in patient demographics and appointment scheduler modules were not supported in the HL7 data we generated in earlier versions of expEDlum. However, in the current release, the HL7 support for all recently added fields is available.

As part of HL7 compatibility, we are supporting the below formats:

- 1) Patient Demographics – Import and Export are available in HL/7 ADT Formats. (ADT Formats – A04 or A08).

- 2) Patient Demographics - Add New. Update & Delete – ADT snippets are available. (ADT formats – A04, A08 & A29 for Add, Update and Delete, respectively).
- 3) Appointment Scheduler - Add New. Update & Delete – SIU snippets are available (SIU formats – S12, S14, S17 for Add, Update and Delete, respectively).

Below are the new fields, that are added in HL7 ADT:

- 1) Alt. Address 1
- 2) Alt. Address 2
- 3) Alt. City
- 4) Alt. State
- 5) Alt. Zip
- 6) Pt. Work Ph
- 7) Deceased flag
- 8) Deceased Date
- 9) Emergency Contact Name
- 10) Emergency Contact Ph
- 11) Rendering Provider
- 12) Referring Provider
- 13) Work Phone Number for Primary, Secondary and Tertiary insurance
- 14) Ref Auth Payer Details

The following new field is added in HL7 SIU:

- 1) Patient account number.

14) [Ticket #13152] iTech: Tool Tip regarding "Digital Wallet"

We have added a tool tip regarding the digital wallet in the patient demographic screen under the cards tab for Instamed® and the Add Transaction payment screen for both Instamed® and Tyler® . A description of what was done as part of this ticket is available in the expEDlum Direct Pay User Manual.

15) [Ticket #13203] Adding Last Encounter filter in Patient view Screen

A new filter “Last DOS” is introduced in the Patient List screen for both Public Health and Non-Public Health accounts. This is available under **Patient List >> Claim >> Last DOS**. The users can fetch patients based on the Last DOS and save the searched criteria for the last DOS filter option. The Last DOS filter will display the list of patients who did not visit the clinic for a long time.

The screenshot shows a 'Patient List' interface with tabs for Patient, Payer, Claim, and Others. The 'Claim' tab is active. Below the tabs are three dropdown menus: 'Having Claims Created In' (Set to 'Select'), 'Additional Filters' (Set to 'All'), and 'Last DOS' (Set to 'Select'). A red arrow points to the 'Last DOS' dropdown. Below these filters is a 'Save Search' button. At the bottom is a table with columns: First Name, Last Name, SSN, DOB, Last DOS, and Balance Due. The table contains three rows of data.

	First Name	Last Name	SSN	DOB	Last DOS	Balance Due
<input type="checkbox"/>				2012-08-15		\$2,914,039.00
<input type="checkbox"/>				2017-06-15	2021-02-09	\$0.00
<input type="checkbox"/>				2017-06-15	2021-02-08	\$5,734.00

The DOS filter will display options such as **Today, Last Week, Current Month, Current Month + Last Month, Current Month + Last 2 Months, Custom Month** and **Date Range**.

Today: The date filter will show the current date of the system is noneditable.

Last Week: The date filter will show that the date and date of the current week are noneditable.

Current Month: The current Month, Year and Date Range will be chosen in the date filter, and these fields are noneditable.

Current Month + Last Month: The Date filter will show the date range of the current Month and the last Month and is noneditable.

Current Month + Last 2 Months: The Date filter will show the date range of current Month and the last two months and is noneditable.

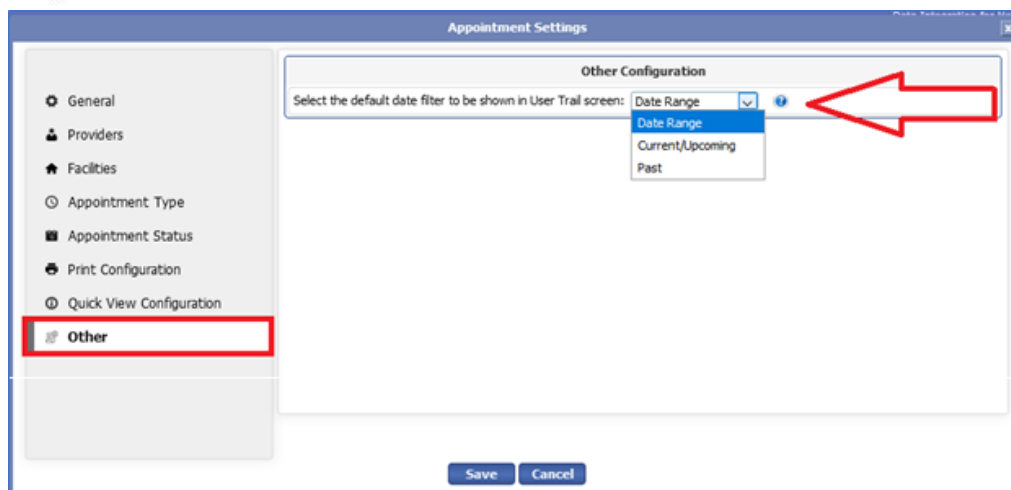
Custom Month: The user can specify the Month and Year to fetch the patients based on DOS. The Date Range filter will be noneditable.

Date Range: The option will fetch the patients created for the date range chosen in the Date filter.

16) [Ticket #13205] MDR | Appointment scheduler - Configuring Appointment date in User Trail screen

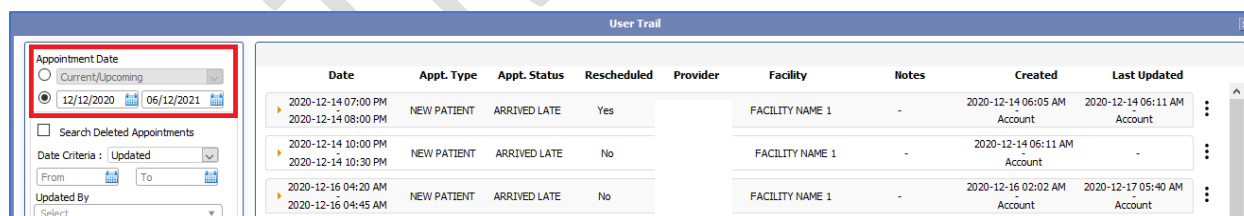
One of the clients requested us for a new feature enhancement in the User Trial screen. The clinic asked us to add a new option "Current/Upcoming" in the Appointment Date filter of the user trial screen. Previously, we were displaying only 6 months data i.e., 3 months in the past 3 months in the future in the appointment date filter user trail screen and this date was selected by default.

In this version, we have introduced a new section "Other" in the Appointment Settings screen and the date filter configuration is added under it. This is available under **Appointment Settings >> Other >> Select the default date filter to be shown in the User Trail Screen**. This filter will have three drop down options such as Date Range, Current/Upcoming and Past. The user can configure any one option as the default date filter to be shown in the appointment user trail screen.



- 1) **Date Range:** This option will be selected by default. When this option is configured, the date range option will be selected by default on the user trial screen. The appointments for the last 3 months, and the next 3 months will be filtered and shown if the filter is used.
- 2) **Current/Upcoming:** When this option is configured, the current/upcoming option will be selected in the drop down on the user trial screen. The appointments for the current day and future will be filtered and shown if this filter is used.
- 3) **Past:** When this option is configured, the past option will be selected in the drop down on the user trial screen. The past appointments with respect to current date will be filtered and shown if this filter is used.

The configured date filter option will appear as a default date in the Appointment date filter of the User Trial screen. Below shows the sample User Trial screen with configured Appointment Date – Current/Upcoming.



17) [Ticket #13207] Adding filter to search denial claims posted with Empty Reason code

In the previous versions, searching for denied claims in the denial management module would not show claims that had no reason codes associated with them in the posting data. So, we have introduced a new explicit option “Having No Reason Codes” in the Reason Code filter in the denials search screen for both Public Health and Non-Public Health accounts. This feature is implemented in practice and admin modules. With this filter, the users can search for posted denied claims without reason codes or empty reason codes.

Claim Received Date *	From	To
Date of Service *	From	To
Posted Date *	From	To
View	<input type="checkbox"/> Remark Code View <input checked="" type="checkbox"/> Reason Code View	
Reason Codes	All <div> All <div> Select <div>Having No Reason Codes</div> </div> </div>	
Confidential	All	
SFS Program	Select	
SFS Percentage		
External Claim ID*		
Site Code	All	
Claims Eligible For Status Inquiry	<input type="checkbox"/>	
Claim Status Inquiry Performed	Select	

Age Criteria

Search in claims received in last 60 days (Not applicable to fields marked with *)

Search



Below shows the Denials Search Result Screen “Having No Reason Codes”.

Denials Search Result (Reason Code View)					
[Reason Code: Having No Reason Codes, Insurance Type: Primary, Date of Service: 03/01/2021-03/01/2021, Confidential : All, SFS Program: All, Site Code: All, Claims Eligible For Status Inquiry : No]					
Group Code	Reason Code	Reason Code Description	# of claims	% of claims	
-	-	Having No Reason Codes	1	100.00%	

Denied Claims Search Results (Reason Code View)													
[Insurance Type: Primary, Date of Service: 03/01/2021-03/01/2021, Confidential : All, SFS Program: All, Site Code: All, Claims Eligible For Status Inquiry : No]													
Having No Reason Codes													
	Claim ID	Batch ID	DOS	Copay	Amount	Payer Paid	Patient Paid	Patient Name	Payer ID	Date Received	Created By	Locked By	Balance
P			2021-03-01	\$0.00	\$1,000.00	\$0.00	\$0.00		20413	2021-03-01 00:27:52			\$0.00

Below shows the Denied Claim Search Result Report.

Denied Claim Search Result Report

  Print

[Insurance Type: Primary, Date of Service: 03/01/2021-03/01/2021, Confidential : All, SFS Program: All, Site Code: All, Claims Eligible For Status Inquiry : No]

Having No Reason Codes

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

	Insurance Type	Closure Status	Claim ID	Batch ID	Date of Service	Copay	Amount	Payer Paid	Patient Paid	Patient Name	Payer ID	Payer Name	Date Submitted	Balance	Created By
P	Primary	Open			2021-03-01	\$0.00	\$1,000.00	\$0.00	\$0.00		20413	3P Administrators	2021-03-01 00:27:52	\$0.00	
Total Claims: 1															

18) [Ticket #13215] Screen exit issue in Appointment look up screen

One of the clients reported an exit issue in the appointment lookup screen. It was noticed that the close button was redirecting to the patient add/edit window instead of the parent window. When the user tried to select a patient from the Appointment scheduler Patient lookup screen and open the patients in edit mode, the patient add/edit window was opened. However, when the user clicks on a close button located at the corner of this child window, the page directly reverts to the appointment add/edit window instead of the parent window.

This issue was happening due to faulty code in the close button. It is now fixed. Now, when the user closes the child window (patient add/edit) by using the close button located at the top corner, the page is redirected correctly to the parent window (Appointment scheduler Patient lookup).

19) [Ticket #13218] iTech | CLEAR option in claim form to clear insurance info and related fields

There was an enhancement request in the claim form. The clinic had asked us to add a “Clear button” in some of the specified boxes in the claim form. This version has enhanced claim form with the “Clear Button” to clear the insurance information and related field details. This is implemented in both Professional and Institutional claim forms for PHD and Non PHD accounts. When the user clicks on the “Clear button” all the values specified in the field will be cleared to default/empty values.

Professional Claim - The “Clear Button” is introduced in the following boxes of the Professional Claim form (Primary/Secondary).

- 1) Box 0 (Payer ID, Payer Name, CFI, Address1, City, State and Zip).
- 2) Box 9 (Other Insured's Name (Last, First, MI) – All the fields in box 9 such as Last Name, First Name, Middle Initial, Address1, Address2, City, State, Zip Code with the
 - a. Other Insured's Policy or Group #
 - b. Other Insured's Birthdate
 - c. Reserved for NUCC use
 - d. Employer's Name or School Name
 - e. Reserved for NUCC use
 - f. Insurance Plan Name or Program Name
- 3) Box 11 (Insured's Policy Group or FECA #)
 - a. Insured's Birthdate
 - b. Sex: U (By Default)
 - c. Employer's Name or School Name
 - d. Other Claim ID(NUCC)
 - e. Insurance Plan Name or Program Name
 - f. Is There Another Health Benefit Plan: No (By Default)
- 4) Other Insured Details (cont'd) - Other Insured ID, Payer ID, Payer Name, Address1, Address2, City, State, and Zip Code.

- 5) Box 1a (Insured's ID Number)
- 6) Box 7 (Insured's Address (Number, Street) – City, State, Zip Code, Phone (With Area Code))
- 7) Box 4 (Insured's Name (Last, First, MI))

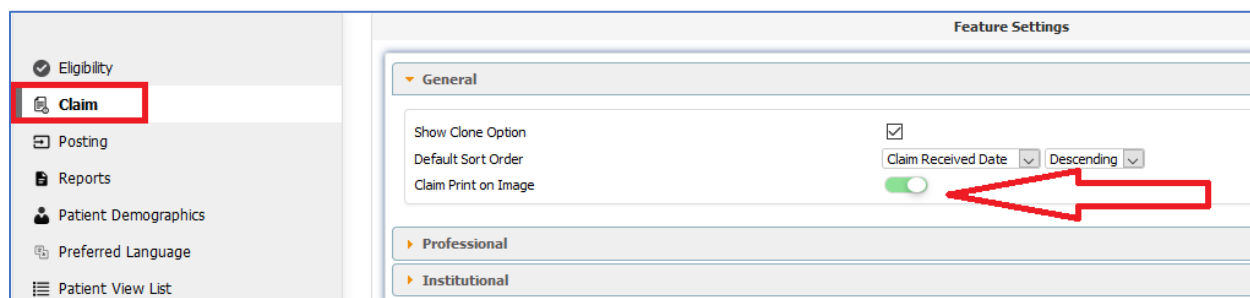
Institutional Claim - The “Clear Button” is introduced in the following boxes of the Institutional Claim form (Primary/Secondary).

- 1) Insured
 - 59A. Patient Relationship
 - 60A. Insured ID
 - 58A. Last Name
 - 58A. Middle Initial
 - 58A. First Name, Address1, Address2, Zip, State, City, DOB and Sex.
 - 61A. Plan/Group Name
 - 62A. Policy/Group No.
 - Accept Assignment
 - 53A. Benefits Assignment Indicator
 - 52A. Release of Information Code
 - 65A. Employer Name
 - 63A. Treatment Auth. Code
 - 64A. Document Ctrl No.
 - Referral Number
- 2) Payer Details
 - 51A. Payer Details
 - 51A. Payer ID
 - CFI
 - 50A. Payer Name
 - Address1
 - Address2
 - Zip
 - State
 - City

20) [Ticket #13219] MDR: Paper Claims Printing - with embedded CMS-1500/UB04 form

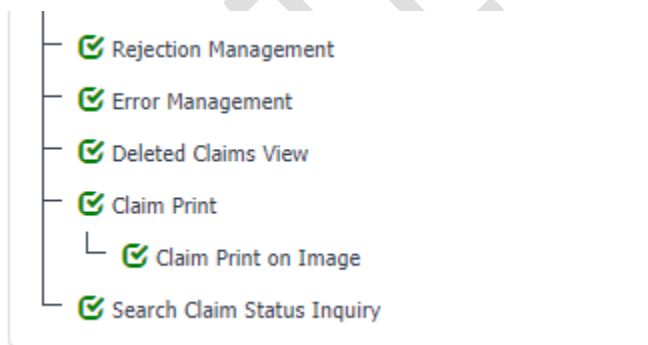
One of the clients requested us for a new feature where in users can have soft copies of claims on claim forms. This feature is called “Print to Image” or “Print on Image”. The clinic wants to print the claim directly on UB04 or HCFA claim form Image. This version has a new toggle button “Claim Print on Image” in the Claim Print – Claim’s list screen. This toggle button will appear on the Claim Print – Claim’s list screen only if the “Claim Print on Image” option is enabled in the feature settings screen.

In this version, we have introduced a new option to print the claim print on image. This can be configured under **Maintenance >> Feature Settings >> Claim >> General >> Claim Print on Image**. By default, this option will be disabled. The clinic must enable this feature to have the option to print the claim form as an image from Other Claim Print – Claim's list screen. This feature can be configured from both Practice and Admin module.



The “Claim Print on Image” feature access/privilege is available to the operators/users under a practice account based on the privileges configured by the administrator under user role settings or custom operator privilege settings. This privilege can be enabled only if Claim Print privilege is turned on.

This privilege (Claim Print on Image) will be enabled for practice administrator (where Claim Print is already enabled) user role as part of the upgrade.



Once this feature is enabled from the feature settings, a new toggle button “Claim Print on Image” will appear in the Claim Print – Claim's list screen. This toggle button will be turned off by default and the user must enable the toggle button to print the Claim on Image. The Print on Image feature will be available only for Print Claim (individual), Print Tertiary (individual), Print Claim (Bulk) and Print Tertiary (Bulk) in the Claim Print – Claim's list screen.

There will be separate claim history entries based on which print option is used to print claims - Print on Image or Print on Stationary (default).

Claim Print – Claims list

Claim
Patient
Provider
SFS

Insurance Type: All
Claim Status: All
Payer ID: PAPER
Payer Name:

Claim Type: Prof
Claim Mode: All
Procedure Code:

Claim ID:
Claim Received Date: 02/01/2019 - 03/11/2021
Date of Service: From - To
Claim Submitted Date: From - To
Printed earlier: No

☒ Claim Print on Image

All Clear Clear Search

	Claim ID	DOS	Amount	Patient Name	Payer	Date Received	Last Printed Date			
P		2019-04-17	74.00		PAPER	2019-05-07 13:27:07				
P		2019-06-07	369.00		PAPER	2019-06-12 09:59:36				
P		2019-07-01	69.00		PAPER	2019-07-02 21:08:03				
P		2019-04-24	128.00		PAPER	2019-05-09 16:15:02				
P		2019-05-28	28.00		PAPER	2019-06-18 16:46:12				
P		2019-01-22	57.00		PAPER	2019-03-13 16:51:55				
P		2019-02-26	147.00		PAPER	2019-03-29 07:26:02				
P		2019-03-05	147.00		PAPER	2019-04-22 21:53:39				
P		2019-04-09	100.00		PAPER	2019-04-26 15:33:52				
P		2019-07-09	100.00		PAPER	2019-07-23 13:24:24				

Total Claims: 30
Page 1 of 3 Go

Print Claim Print COB Print Tertiary Print COB2 View Printed Claims

The administrator will have “Claim Print on Image” toggle button always available in the Claim Print – Claim’s list screen.

Also, this feature of toggle button to print on image is available in the following screens in Admin Module and Admin Task File Screen

- 1) Claim Print Batch List under Admin Task Screen -**Process >> Task >> Task ID >>View Printed Claims icon >> Claim Print on Image toggle**
- 2) Claim Print Batch List under Admin Task List Screen -**Process >> Task Files >> View Printed Claims icon >> Claim Print on Image toggle**

Claim Print Batch List [File ID: 0559948563]

☒ Claim Print on Image

Batch ID	Name	Type	Claim #	Status	Version	Created By	Queued Date	Created Date
Total Batches: 0								

Print Claim Print COB Print Tertiary Print COB2 Delete Close

For the claim print map to be used in print on image, we have introduced a new upload option “Print on Image” in the “Upload Print Properties File for (Account)” screen. This is available under **Maintenance >> Claim Print Maps >> Print on Image**. This feature is available from both Practice and Admin module to upload separate maps for administrator and practices. The user will be able to print the Claim on Image only if the Claim Print Map file is uploaded with the image properties file. This window will have two options “Print on Stationery” and “Print on Image”. The Print on image option screen will display two tabs 02/12 and UB04. This window will have an option “Claim Print Map File” with an “Upload” option where the user can upload the map file to print the claim as image. Once the file is successfully uploaded it will be displayed on the screen with File Name, Internal File Name, Uploaded

Date and Uploaded By. The user can select the map file to be used and save the upload print file. The user can delete the file by selecting the file by clicking on the delete option. The user can edit the file by adding notes if any.

File Name	Internal File Name	Uploaded Date	Uploaded By
<input type="checkbox"/> EASTERN_v4__11_20_2020_08_13_21_021.0212.txt	.11_24_2020_07_20_02_002.0212.props	2020-11-24 07:20:02	
<input checked="" type="checkbox"/> EASTERN_v3_11_20_2020_08_13_21_021.0212-1.txt	.11_23_2020_11_03_56_056.0212.props	2020-11-23 11:03:56	

21) [Ticket #13225] (Hot Patch=v5.7.1) MDR2: Non-patient appointments are not displaying on appointment screen

One of the clients reported an issue with the Non-Patient appointments not being displayed on the appointment screen. All the Non-Patient appointments across all the views such as Day, Week, Month, Unit, Timeline, Year and Agenda were not appearing on the appointment scheduler screen. When the user tried to fetch patient appointments using the Payer Type filter the Non-Patient filters did not appear in the patient appointment screen. This issue was happening due to a glitch in the back-end logic while filtering appointments using the “Payer Type” filter and “Insurance Plan Name” filter was introduced in the v5.7 release. This issue is now fixed to fetch all appointments when Payer Type is not explicitly used in filtering.

A hot patch v5.7.1 was deployed on the production servers on top of v5.7. Now, when the user tries to fetch patient appointments, all kinds of appointments will be displayed on the patient appointment screen across all the Views and the print page.

22) [Ticket #13251] (Hot Patch=v5.7.2/v5.7.3) Claim Batch Process Queue - Config Tuning

In earlier versions, expEDlum was configured to take only hardwired 10 claim batches every 30 seconds for processing. We have tuned the claim batch configuration to take the configuration is changed to take 20 claim batches every 15 seconds. We released it as a hot patch (v5.7.2) on one of the production servers on Friday, Feb 12, 2021.

In a few days, the # of claim batches to be picked up for processing in each iteration is made configurable for the support personnel to tune it live based on the traffic. This parameter is referred to as “eCP.batchdepth” which can be configured from eCP.properties file. A hot patch v5.7.3 was deployed on one of the production servers on Feb 25, 2021 on top of v5.7.2 with this externalized batch depth. A value of 30 is configured for batch depth on the deployment day, which is further tuned again.

23) [Ticket #13272] iTech | Practice Patient Statements | Pre-requisite: Posting Ledger Entry to have B/P Tax ID/NPI of the claim saved behind the scenes

A handful of clinics setup on expEDlum have multiple billing provider NPIs and Tax IDs configured. A few such clinics had requested for the ability to generate.

- a) Patient statements that are split for each practice (Practice NPI/Tax ID Pair) and
- b) Ability to view Patient ledger for each practice (Practice NPI/Tax ID Pair).

As a pre-requisite to this feature, we have done the following changes on our backend modules. The feature itself will come in one of the future upgrades.

Auto/Manual Posting - When the auto/manual posting is done, the posting ledger entry will be inserted in the patient ledger with Practice NPI and Tax ID of the corresponding claim.

Auto/Manual Cross Over Posting - When the auto/manual cross over posting is done, the secondary posting ledger entry of the autogenerated secondary claim will be inserted with Practice NPI and Tax ID of the secondary claim.

Resubmit Claim - When a claim is resubmitted with different billing provider/practice, all the posting ledger entries of that claim in the patient ledger will be updated with the new Practice NPI and Tax ID of the resubmitted claim.

This is to ensure that claim submission and claim posting entries in the patient ledger for a claim will always have the Practice NPI/Tax ID moving forward. Previously only the claim submission ledger entry was having the practice NPI/Tax ID. The migration of the existing posting ledger entries with the corresponding practice NPI/Tax ID will be performed when the Practice Specific Patient Statement feature is available in the system.

24) [Ticket #13273] MDR: Patient Search | "Statements created previously" Filter - Allow to search without date range

One of the clients requested us for an enhancement in the "Statements created Previously" filter under the Others tab in the Patient List screen. The clinic wanted a filter that was backward compatible. The clinic wanted us to add a new option "All" when the "No of Statements" option is chosen. Previously, we were supporting only two options i.e., "in the last" and "between" for the sub filter "No of statements". Here the user had to select "from date" and "to date" as these were made mandatory. Though these filters would have been sufficient, we added "All" (ages) filter for backward compatibility purposes.

The screenshot shows the 'Patient Demographics' screen with the 'Others' tab active. The 'Statements created previously' field has a dropdown menu open, showing options: 'All', 'in the last', and 'between'. A red arrow points to the 'All' option.

25) [Ticket #13348] MDR: Address validation in Patient demographic when all address fields are empty

One of the clients requested us add a new validation in the Patient Demographics screen address. The address fields were validated in earlier versions too but would report errors if address is incomplete and not when the WHOLE address was missing. This logic is enhanced in this version. Now, in the current version, we will report an error when the whole address is missing. This validation is available from patient add/edit screens. We continue to support the earlier Patient address validation rules as it is automatically covered in the new validation rule.

26) [Ticket #13354] iTech: Account Specific Banner Logo

A new feature “**Banner**” is introduced in the Upload Account Logo screen in admin module for each practice account. This is available under **Accounts >> Accounts List >> Upload Account Logo/Banner >> Banner >> Upload Account Logo for (account)**. When the user clicks on the “upload account logo/banner” icon in the account list screen, a new window “Upload Account Logo for” will appear on screen with the two options – “Logo” and “Banner”. Previously, we had only the “logo” option to configure the specific practice account logo. From this version, the admin can configure the “Banner” for a specific practice account from the Upload Account Logo/Banner option.

The screenshot shows the 'Upload Account Banner for [PK]' window. The sidebar has 'Logo' and 'Banner' options. The main area has a table with columns: FILE NAME, INTERNAL FILE NAME, UPLOADED DATE, and UPLOADED BY. There are buttons for 'Delete', 'Save', and 'Close'.

The user can upload the “Banner” by selecting the file using the browse option. The selected banner will be added to the “Upload account banner for(account)” screen on clicking the upload button. On clicking “Save” the Banner will be added to the specific account. The saved Banner will appear on the right top screen of the practice account. The “Upload Account Banner (Account) screen will display the columns such as File Name, Internal File Name, Uploaded Date and Uploaded By. The administrator can delete the file using the delete option.

Note: The administrator must upload the logo to appear on the right side of the product header banner when the user logs into an account.

The preferred best fit dimension of the logo is 165 px length x 40 px height. A PNG file with transparent background is recommended.

Installation Configuration

There is an installation specific configuration in eCP.properties file to hide the Logo from index page, provider login page, admin login page and manager login page.

- 1) client.logo.image.show=0

When the user logs into the practice account, if the property is configured as 0 and if account banner logo is not configured, then the logo will not appear in the banner until it is configured.

- 2) client.logo.image.show=1

When the user logs into the practice account, if the properties file is configured (show=1) and if the account banner logo is not configured, then the default logo will not appear in the banner. It will continue to appear until the account specific logo is configured.

However, the default the iTech Workshop logo will continue to appear in the admin login page and the manager login page even if the client.logo.image.show=0.

Bugzilla List of tickets

#	ID	Client	Ext. Ticket #	Summary	Version
1	6023	iTech, PH	22025, 22690	iTech: Split Transaction - Split and Apply patient level transactions on more than one claim ledger	V5.8
2	10459	MDR	via Email	MDR: Patient Delete Alert and restrict user if patient is linked with other modules	V5.8
3	12256	MDR	via Email	MDR: New Report Patient Demographics Report	V5.8
4	12586	iTech	Internal	iTech: Search Claims Filter Claims using Patient System ID	V5.8
5	12676	iTech	Internal	iTech: Search Claims Filter Manually Created, Auto generated Secondary Claims	V5.8
6	12677	iTech	Internal	iTech: Search Claims Filter Auto Posted, Manually Posted Claims	V5.8
7	12726	iTech	Internal	iTech: Pair/Unpair Patient Level Ledger Charge Transactions with Patient Level Payment/Adjustment Transactions	V5.8
8	12727	iTech	Internal	iTech: Generate Receipt - Single, Multiple, Split Transactions	V5.8
9	13080	PH	896553	PH: Case insensitive search on few filters	V5.8
10	13081	PH	896103	PH: Support for additional fields in PPA Template	V5.8
11	13083	PH	896205	PH: Contract Payer Invoice Alignment/Format Enhancements	V5.8
12	13102	MDR	Via Email	MDR: Appointment Scheduler Appointment Confirmation Message for Patients Flagged for Collection	V5.8
13	13117	iTech	Internal	iTech expEDIum HL7 New Fields Support ADT-A04,A08,A29 (Inbound/Outbound) / SIU-S12,S14,S17 (Outbound only)	V5.8
14	13152	iTech	Internal	iTech: Tool Tip regarding "Digital Wallet"	V5.8
15	13203	iTech	Internal	Adding Last Encounter filter in Patient view Screen	V5.8
16	13205	MDR	via email	MDR Appointment scheduler -Configuring Appointment date in User Trail screen	V5.8
17	13207	iTech	Internal	Adding filter to search denial claims posted with Empty Reason code	V5.8
18	13215	iTech	Internal	Screens exit issue in Appointment look up screen	V5.8
19	13218	iTech	Internal	iTech CLEAR option in claim form to clear insurance info and related fields	V5.8
20	13219	MDR	Via email	MDR: Paper Claims Printing - with embedded CMS-1500/UB04 form	V5.8
21	13225	MDR2	-	(Hot Patch=v5.7.1) MDR2: Non-patient appointments are not displaying on appointment screen	V5.7.1
22	13251	iTech	Internal	(Hot Patch=v5.7.2/v5.7.3) Claim Batch Process Queue - Config Tuning	V5.7.2/v5.7.3
23	13272	iTech	Internal	iTech Practice Patient Statements Pre-requisite: Posting Ledger Entry to have B/P Tax ID/NPI of the claim saved behind the scenes	V5.8
24	13273	MDR	via Call	MDR: Patient Search "Statements created previously" Filter - Allow to search without date range	V5.8
25	13348	MDR	-	MDR: Address validation in Patient demographic when all address fields are empty	V5.8
26	13354	iTech	-	iTech: Account Specific Banner Logo	V5.8

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